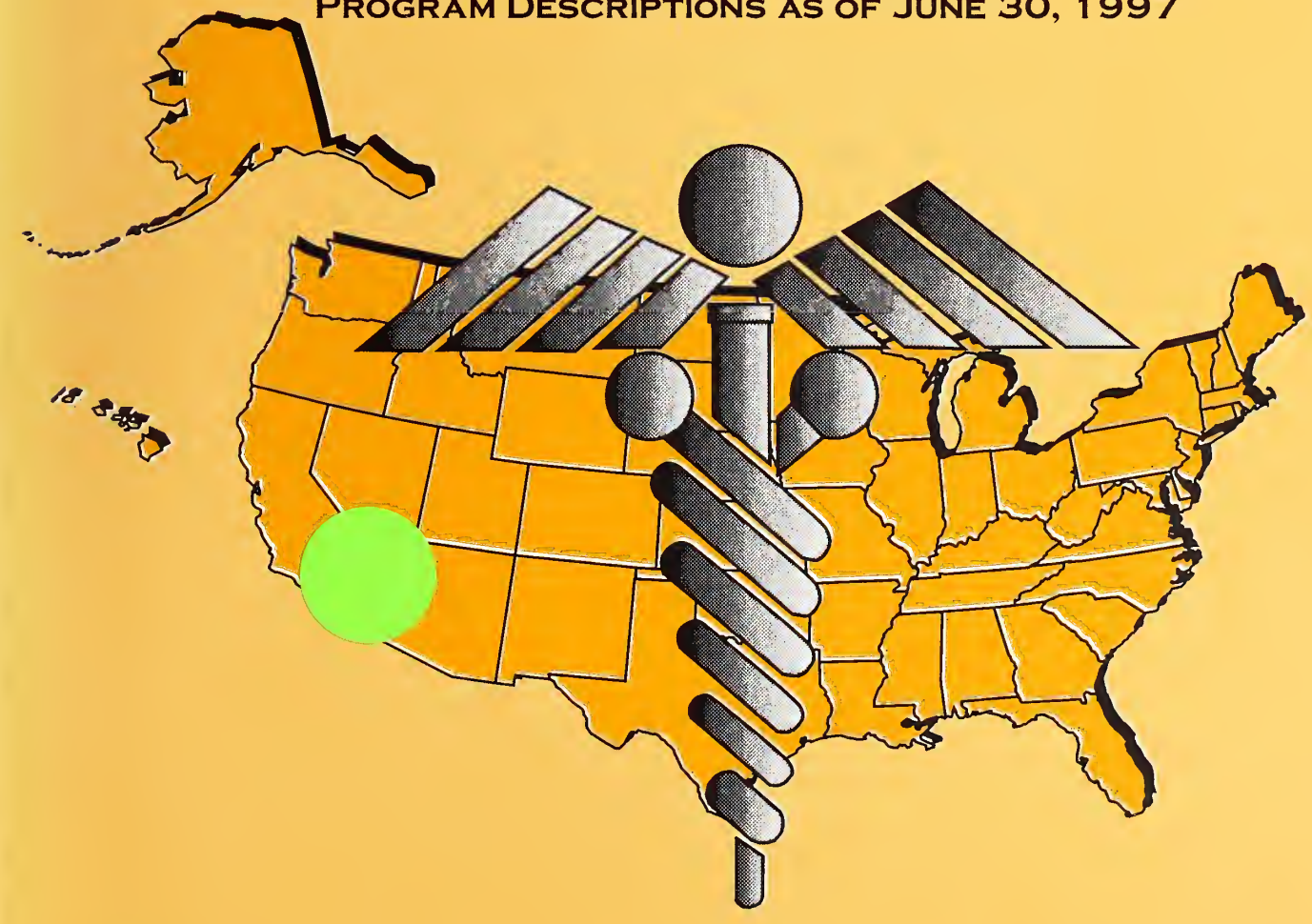
1997

NATIONAL SUMMARY OF STATE MEDICAID MANAGED CARE PROGRAMS

PROGRAM DESCRIPTIONS AS OF JUNE 30, 1997



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U.S. Department of Health and Human Services
Health Care Financing Administration
Data and Systems Group

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1997 NATIONAL SUMMARY OF

STATE MEDICAID

MANAGED CARE PROGRAMS

Program Descriptions as of June 30, 1997

The National Summary of State Medicaid Managed Care Programs is composed annually by the Data and Systems Group (DSG) of the Health Care Financing Administration (HCFA). The descriptions of the States' Medicaid managed care programs as of June 30, 1997 were collected from State Medicaid agencies and HCFA Regional Office staff, and submitted for review to DSG and the Family and Children's Health Program Group (FCHPG). The National Summary serves as a reference and informational guide to the public as well as other governmental agencies.

Special thanks to Loan Swisher and Cora Burch of DSG and Mike Fiore and Donna Schmidt of FCHPG.

If you have any questions regarding this report, please contact Loan Swisher at (410) 786-4650 or E-mail, lswisher@hcfa.gov.

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National Summary of State Medicaid Managed Care Programs as of June 30, 1997

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Section 1915(b) Freedom of Choice Waivers

Alabama

MATERNITY WAIVER PROGRAM

State Medicaid Contact Name:
JEAN STONE

State Medicaid Contact Telephone Number:
(334)242-5626

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
September 01,1988

Expiration Date:
September 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Refugee, SOBRA)	Mandatory	=	0 *
	Total Number of Enrollees:		20,896

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Physician Services
Mental Health Services

Other Services:
Not Applicable

PCP Provider Types:
Family Practitioners
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Baldwin County Health Department
Central Alabama Birthright
Conecuh County Health Department
Dallas County Health Department
Escambia County Health Department
Gift of Life Foundation
Huntsville Hospital - The Women's Center
Lamar County Health Department
Marion County Health Department
Northeast Alabama Regional Med Ctr
Phenix Regional Hospital
Tuscaloosa County Health Department
West Alabama Health Services, Inc.
Bryan Whitfield Hospital
Clarke County Health Department
Cullman County Health Department
Decatur General Hospital
Etowah Quality of Life Council
Houston County Health Department
Jefferson County Health Department
Lee County Health Department
Marshall County Health Department
Northwest Alabama Regional Health Dept
St Clair County Health Department
USA Medical Center
Winston County Health Department

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

The Maternity Waiver program is rather unique in its structure. While it operates under the authority of a 1915(b) waiver, it is a hybrid of a PCCM arrangement and a HMO model. It provides for local primary providers to arrange a network of comprehensive obstetrical care. Primary providers can be a Health Department, Hospital, Physician, etc. - any entity who has been determined qualified to meet program requirements. Through this network, the pregnant eligible receives the majority of her obstetrical care. Services such as x-ray, pharmacy, lab, dental, emergency, family planning and services for the newborn are provided outside the system of care, but can be coordinated by the Primary Providers. Primary Providers are paid a global fee for each woman that delivers through their system. Certain services, while pregnancy related, remain fee-for-service.

Mental health services for this program are provided fee-for-service.

Alabama

PARTNERSHIP HOSPITAL PROGRAM

State Medicaid Contact Name:
VICKI HUFF

State Medicaid Contact Telephone Number:
(334)242-5011

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1996

Expiration Date:
September 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (All Eligible Beneficiaries)	Mandatory	=	0 *
	Total Number of Enrollees:		308,242

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Partnership Hospital Program

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data for the individual category of eligibilities at this time.

Due to the nature of the waiver which is a limited segment of services, the program does not designate a primary care provider.

Alabama

PATIENT 1ST

State Medicaid Contact Name:
KIM DAVIS

State Medicaid Contact Telephone Number:
(334)242-5012

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
January 01,1997

Expiration Date:
December 30,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	31,391
SSI/SSI-Related	Not Eligible	=	0
Other (Refugee, Infants of SSI Mothers)	Mandatory	=	0 *
	Total Number of Enrollees:		31,391

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Patient 1st

Explanation of Unique Circumstances of the Program:
*This program has not been fully implemented as of June 30, 1997.

PCPs for Patient 1st receives a medical case management fee of $3.00. PMPM not to exceed $3000.

Arkansas

PRIMARY CARE PHYSICIAN

State Medicaid Contact Name:
ROY JEFFUS

State Medicaid Contact Telephone Number:
(501) 682-1671

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
February 04,1994

Expiration Date:
October 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (PWP/SOBRA)	Mandatory	=	0 *
	Total Number of Enrollees:		159,458

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Populations Excluded:
Eligibility Period is Retroactive

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Podiatry Services, Durable Medical Equipment

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Osteopaths

-- Additional Information --

This program provides:
6-Month Lock-In Provision

Plans:
Primary Care Physician

Explanation of Unique Circumstances of the Program:
None

California

CALOPTIMA

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
October 01,1995

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985 & 1990-1903(m)(2)(A)(ii)and(vi).

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	109,334
SSI/SSI-Related	Mandatory	=	61,676
Other (All Medi-Cal beneficiaries)	Mandatory	=	39,865
	Total Number of Enrollees:		210,875

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
All populations living outside waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Vision, Case Management, and Health Education

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Caloptima

Explanation of Unique Circumstances of the Program:
1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

FEE-FOR-SERVICE (FFS) MANAGED CARE NETWORK

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
March 01,1997

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	11,060
SSI/SSI-Related	Mandatory	=	0 *
Other (All categories of Federally eligible Medi-Cal beneficiaries)	Voluntary	=	2,480
Total Number of Enrollees:			13,540

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
All populations living outside the waiver's geographic area, having only retroactive eligibility, require organ transplant, or in ICF/MRs.

Services Included:
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Case Management, Health Education and Preventive Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Sonoma Partners for Health

Explanation of Unique Circumstances of the Program:
*The program is not fully implemented until November of 1997.

California

HEALTH CARE OPTIONS/DEFAULT

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
July 01,1996

Expiration Date:
May 09,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Voluntary	=	0 *
Other (All Medi-Cal beneficiaries)	Voluntary	=	0 *
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
All aid groups except for AFDC-linked populations including medically indigent children and medically needy individuals without a share of cost.

Services Included:
Not Applicable

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*This program is a mechanism for enrolling beneficiaries into managed care. They are responsible for assigning beneficiaries to a plan when a choice is not designated.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

California

HEALTH PLAN OF SAN MATEO

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
July 14,1985

Expiration Date:
April 09,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985&1990-1903(m)(2)(A)(ii)and(vi).

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	14,724
SSI/SSI-Related	Mandatory	=	17,076
Other (All Medi-Cal beneficiaries)	Mandatory	=	9,685
Total Number of Enrollees:			41,485

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Vision, Case Management, Health Education, and Transportation

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Health Plan of San Mateo

Explanation of Unique Circumstances of the Program:
1 of 5 County Health Systems that has special waiver authority under OBRA 1985.

California

HUDMAN

State Medicaid Contact Name:
VIRGIL J. TONEY, JR.

State Medicaid Contact Telephone Number:
(916)657-0582

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
April 24,1992

Expiration Date:
April 22,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Not Eligible	=	0
Other (Long Term Care Residents)	Mandatory	=	3,400
	Total Number of Enrollees:		3,400

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Skilled Nursing Facility Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
Individuals affected by this waiver include all long term care residents for Medi-Cal. This waiver is a mechanism for placement in distinct part and free standing nursing facilities.

As this waiver is a mechanism for providing skilled nursing facility services, there are no "enrollments" per se. The total number of enrollees is an estimate.

California

MEDI-CAL MENTAL HEALTH CARE FIELD TEST

State Medicaid Contact Name:
CAROL HOOD

State Medicaid Contact Telephone Number:
(916)654-5691

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
April 01,1995

Expiration Date:
September 28,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13), 1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	21,689
SSI/SSI-Related	Voluntary	=	17,051
Other (All categories of federally eligible Medi-Cal beneficiaries)	Mandatory	=	9,339
Total Number of Enrollees:			48,079

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Home Health Services
Mental Health Services
Pharmacy Services

Other Services:
Psychiatric Inpatient Hospital Services and
Psychiatric Services for Adults and Children

PCP Provider Types:
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
San Mateo County DMH/HPSM

Explanation of Unique Circumstances of the Program:
As this waiver is a mechanism for receiving mental health in San Mateo County, there are no "enrollment" per se.

California

PRIMARY CARE CASE MANAGEMENT PROGRAM

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
July 01,1983

Expiration Date:
April 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	23,117
SSI/SSI-Related	Voluntary	=	1,674
Other (All categories of federally eligible Medi-Cal beneficiaries)	Voluntary	=	3,127
Total Number of Enrollees:			27,918

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Children's Services (CCS) program, needing renal dialysis, or needing a major organ transplant.

Services Included:
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Pharmacy Services

Other Services:
Case Management

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Altamed Health Senior Buena Care
Molina Medical Centers
Positive Healthcare/Aids Healthcare
San Francisco City & Co/Family Mosiac
Watts Health Foundation/United Health
Compcare
Molina Medical Centers
Pro Care
Tower Health/Dental Services-HMO

Explanation of Unique Circumstances of the Program:
PCPs contract to provide and assume risk for primary care, specialty physician services, and selected outpatient preventive and treatment services.

California

PSYCHIATRIC INPATIENT HOSPITAL SERVICES

State Medicaid Contact Name:
CAROL HOOD

State Medicaid Contact Telephone Number:
(916)654-5691

Geographic Areas Covered:
Statewide
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
March 15,1995

Expiration Date:
September 13,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
1902(a)(13)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	2,691,131
SSI/SSI-Related	Voluntary	=	751,005
Other (All categories of federally eligible Medi-Cal beneficiaries)	Mandatory	=	1,256,210
Total Number of Enrollees:			4,698,346

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Laboratory Services
X-Ray Services
Mental Health Services
Pharmacy Services

Other Services:
Psychiatric Inpatient Services and Psychiatric Administrative Days for Adults and Children

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
County Inpatient Mental Health

Explanation of Unique Circumstances of the Program:
Due to the nature of the waiver which is for a limited segment of servies, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

As this waiver is a mechanism for receiving psychiatric inpatient services throughout the State, there are no "enrollments" per se.

California

SACRAMENTO GEOGRAPHIC MANAGED CARE-DENTAL

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
April 01,1994

Expiration Date:
November 21,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(A)(5), 1902(A)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	110,196
SSI/SSI-Related	Mandatory	=	7,871
Other (Aged, blind and disabled)	Voluntary	=	22,659
	Total Number of Enrollees:		140,726

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Dental Services
Pharmacy Services

Other Services:
Preventive Dental Care

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Dentists

-- Additional Information --

This program provides:
Enrollment Broker
6-Month Lock-In Provision

Plans:
Access Dental Plan-GMC
Pacificare Dental Health Plan-GMC
Preventive Dental Systems-GMC
Western Dental Services-GMC

Explanation of Unique Circumstances of the Program:
Restricts aid code beneficiaries designated as mandatory to enroll in 1 of 6 health plans and 1 of 4 dental plans. 6 month lock-in except loss of eligibility.

California

SACRAMENTO GEOGRAPHIC MANAGED CARE-MEDICAL

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
April 01,1994

Expiration Date:
November 21,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(5), 1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	108,678
SSI/SSI-Related	Voluntary	=	7,977
Other (Aged, blind and disabled)	Voluntary	=	21,899
	Total Number of Enrollees:		138,554

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Pharmacy Services

Other Services:
Health Education, Enhanced Perinatal and Preventive Services

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Not Applicable

-- Additional Information --

This program provides:

Enrollment Broker
6-Month Lock-In Provision

Plans:

Blue Cross of California-GMC
Kaiser Foundation-GMC
Omni Health Plan-GMC
Foundation Health Plan-GMC
Maxicare-GMC
Western Health Advantage-GMC

Explanation of Unique Circumstances of the Program:

Restricts aid code beneficiaries designated mandatory to enroll in 1 of 6 health plans and 1 of 4 dental plans. 6 month lock-in except loss of eligibility.

California

SANTA BARBARA HEALTH INITIATIVE

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
September 01,1983

Expiration Date:
October 23,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(13)(A), 1902(a)(30); OBRA 1985& 1990-1903(m)(2)(A)(ii) and (vi)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	18,531
SSI/SSI-Related	Mandatory	=	10,648
Other (All Medi-Cal beneficiaries)	Mandatory	=	6,837
Total Number of Enrollees:			36,016

Population Categories Excluded:
Eligibility Less Than 3 Months

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Vision, Case Management, Health Education,and Long Term Care - Adult Day Health Care, Counseling, Social Support and Services, etc..

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Santa Barbara Health Initiative

Explanation of Unique Circumstances of the Program:
1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

SANTA CRUZ COUNTY HEALTH OPTIONS (SCCHO)

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
January 01,1996

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985&1990-1903(m)(2)(A)(ii)and(vi).

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	11,119
SSI/SSI-Related	Mandatory	=	6,703
Other (All Medi-Cal beneficiaries)	Mandatory	=	3,249
Total Number of Enrollees:			21,071

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Vision, Case Management, and Health Education

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Santa Cruz County Health Options

Explanation of Unique Circumstances of the Program:
1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

SELECTIVE PROVIDER CONTRACTING PROGRAM

State Medicaid Contact Name:
VIRGIL J. TONEY, JR.

State Medicaid Contact Telephone Number:
(916)657-0582

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
September 21,1982

Expiration Date:
June 21,1998

Operating Authority:
1915(b)

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (All Medi-Cal Beneficiaries)	Mandatory	=	0 *
	Total Number of Enrollees:		5,500,000

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Other Insurance
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State Designated Hospitals

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*This waiver allows CA to selectively contract with hospitals to provide acute inpatient care to all Medi-Cal beneficiaries. The SPCP waiver does not differentiate by beneficiary aid code.

As this waiver is a mechanism for providing acute inpatient care, there are no "enrollments" per se; and the total number of enrollees is an estimate.

California

SOLANO PARTNERSHIP HEALTH PLAN

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Original Implementation Date:
April 01,1994

Expiration Date:
September 23,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985 &1990 - 1903(m)(2)(A)(ii) and (vi).

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	22,766
SSI/SSI-Related	Mandatory	=	11,618
Other (All Medi-Cal beneficiaries)	Mandatory	=	7,017
	Total Number of Enrollees:		41,401

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Vision, Case Management, Health Education, and Long Term Care - Adult Day Health Care, Counseling, Social Support Services, etc..

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Not Applicable

-- Additional Information --

This program provides:

No Lock-In Provision

Plans:

Solano Partnership Health Plan

Explanation of Unique Circumstances of the Program:

1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

TWO-PLAN MODEL PROGRAM

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
January 22,1996

Expiration Date:
January 23,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	636,485
SSI/SSI-Related	Voluntary	=	27,840
Other (Aged, blind and disabled)	Voluntary	=	122,735
	Total Number of Enrollees:		787,060

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
All populations living outside the waiver's geographic area. Populations having only retroactive eligibility. Eligibles having Medicare HMO coverage.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Health Education, Preventive Health Screens, and Cultural/Linguistic Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
No Lock-In Provision

Plans:
Alameda Alliance for Health
Contra Costa Health Plan
Health Plan of San Joaquin
Kern Family Health Care
Omni Health Plan
Santa Clara Family Health Plan
Blue Cross of California
Foundation Health Plan
Inland Empire Health Plan
LA Care Health Plan
San Francisco Health Plan

Explanation of Unique Circumstances of the Program:
Beneficiary may choose a local initiative plan, or a commercial plan selected in response to a RFP. One of the 12 counties will have 2 commercial plans..

Colorado

COLORADO SELECTIVE CONTRACTING INITIATIVE

State Medicaid Contact Name:
TOM KOWAL

Original Implementation Date:
June 02,1996

State Medicaid Contact Telephone Number:
(303)866-5309

Expiration Date:
May 02,1998

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Waived:
1902(a)(23)

Statutes Utilized:
1915(b)(4)

Other Statutes Waived:
1902(a)(13)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Enrollees must be in need of an organ transplant)	Mandatory	=	0 *
Total Number of Enrollees:			0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)

Other Populations Excluded:
Not Applicable

Services Included:
Not Applicable

Other Services:
Additional services as defined by each center; organ transplants--heart, lung, heart-lung, liver, bone marrow

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State designated transplant centers

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Physician services are part of the global transplant service package.

Colorado

MENTAL HEALTH CAPITATION & MANAGED CARE PROGRAM

State Medicaid Contact Name:
BILL BUSH

State Medicaid Contact Telephone Number:
(303)762-4085

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
July 01,1995

Expiration Date:
October 01,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Poverty Level Pregnant Women)	Mandatory	=	0 *
Total Number of Enrollees:			155,474

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
EPSDT Services
Physician Services
Mental Health Services

Other Services:
Additional services as defined by each mental health contractor

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Mental Health Capitation & Managed Care

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor (Mental Health and Service Agency (MHASA)) for referral. The contractor acts as the gatekeeper.

Colorado

PRIMARY CARE PHYSICIAN PROGRAM

State Medicaid Contact Name:
DONNA ALLEN

State Medicaid Contact Telephone Number:
(303)866-2220

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
August 01,1982

Expiration Date:
October 01,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	92,336
SSI/SSI-Related	Mandatory	=	19,607
Other (Poverty Level Pregnant Women)	Mandatory	=	11,431
Total Number of Enrollees:			123,374

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Undocumented aliens

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Colorado Access
Foundation Health
Kaiser
Rocky Mountain HMO/Metro Denver
United Healthcare of Colorado
Community Health Plan of the Rockies
HMO Colorado
Primary Care Physicians
Rocky Mountain HMO/Western Slope

Explanation of Unique Circumstances of the Program:
PCPP is a managed care program providing clients the choices of either a Fee-For-Service Physician who acts as a gatekeeper and refers for specialty care or a HMO if the county in which the client resides also has HMO coverage.

Connecticut

CONNECTICUT ACCESS

State Medicaid Contact Name:
CHRIS EDELWICH

State Medicaid Contact Telephone Number:
(860)424-5131

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1995

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	144,673
SSI/SSI-Related	Mandatory	=	305
Other (All other Medicaid beneficiaries)	Mandatory	=	71,580
Total Number of Enrollees:			216,558

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
ICF, Rural Health Clinic, FQHC, Clinics, Physical Therapy, Speech, Ambulatory, Pediatric, Pre-natal, Podiatry, Chiropractic

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Aetna
Bridgeport Hospital
Healthchoice Family Plan
Kaiser
Oxford
Yale Preferred
Bluecare
Community Health Network
Healthright
MD Health Plan
Physician Health Service

Explanation of Unique Circumstances of the Program:
None

District of Columbia

DC MANAGED CARE PROGRAM-PCCM

State Medicaid Contact Name:
JANE THOMPSON

State Medicaid Contact Telephone Number:
(202)727-3688

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
April 01,1994

Expiration Date:
March 17,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	78,943
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		78,943

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Restricted Beneficiaries

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
All Other D.C. Medicaid Services Except Hospice and Residential Treatment

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
D.C. Chartered Health Plan, Inc.
DC Managed Care Program - PCCM
Prudential Health Care Plan
D.C. Health Cooperative
George Washington Univ Health Plan

Explanation of Unique Circumstances of the Program:
This program will be converted to a mandatory managed care program.

Florida

MEDIPASS

State Medicaid Contact Name:
CHARLES KIGHT

State Medicaid Contact Telephone Number:
(904)487-2355

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
November 01,1991

Expiration Date:
April 03,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	390,642
SSI/SSI-Related	Voluntary	=	143,262
Other (Refugee, Sobra, Foster Care, Adoption Subsidy)	Voluntary	=	2,427
Total Number of Enrollees:			536,331

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
Hospice, Nursing Home

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Maternity, Podiatry, Chiropractic, Durable Medical Equipment, Therapy

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Physician Assistants, other specialist considered on a case by case basis

-- Additional Information --

This program provides:

Other Period for Lock-In Provision

Plans:

Medipass

Explanation of Unique Circumstances of the Program:

Those who do not voluntarily enroll are mandatorily assigned. In 5 counties, recipients participate in prepaid mental health program.

Florida

PREPAID MENTAL HEALTH PLAN

State Medicaid Contact Name:
CELESTE PUTNAM-TANZY

State Medicaid Contact Telephone Number:
(850)487-2618

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
March 01,1996

Expiration Date:
February 28,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	27,116
SSI/SSI-Related	Mandatory	=	15,687
Other (Foster Care)	Mandatory	=	12,066
	Total Number of Enrollees:		54,869

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Physician Services
Mental Health Services

Other Services:
Case Managment

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Psychiatrists

-- Additional Information --

This program provides:
No Lock-in Provision

Plans:
Partnership Hospital Program

Explanation of Unique Circumstances of the Program:
Currently, there is a mandatory assignment in Florida but no lock-in provision.

Georgia

GEORGIA BETTER HEALTH CARE

State Medicaid Contact Name:
LOUISE BRYDE

State Medicaid Contact Telephone Number:
(404)657-7793

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
October 01,1993

Expiration Date:
January 06,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	427,050
SSI/SSI-Related	Mandatory	=	105,292
Other	Not Eligible	=	0
	Total Number of Enrollees:		532,342

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
SOBRA Eligible Pregnant Women

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
X-Ray Services
Physician Services
Home Health Services

Other Services:
Children's Intervention Services, Durable Medical Equipment, Personal Care, Occupational and Physical Therapy, In-Home Nursing

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:

Certain specialists who provide primary care

-- Additional Information --

This program provides:

Phased-In Implementation
6-Month Lock-In Provision

Plans:

Georgia Better Health Care

Explanation of Unique Circumstances of the Program:

$3 PMPM case management fee. Program expanding statewide in phases. Final phases to be complete February 1998.

Georgia

MENTAL HEALTH AND MENTAL RETARDATION PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)

State Medicaid Contact Name:
WANDA ROWE PATTERSON

State Medicaid Contact Telephone Number:
(404)651-7884

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
April 01,1994

Expiration Date:
February 23,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	0 *
Other (All residents in Medicaid certified NF's who, as a result of the PASARR Level II assessment are determined to require mental health and mental rehabilitation services.)	Voluntary	=	0 *
Total Number of Enrollees:			2,700

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Recipients are excluded from participation in the waiver if they are determined as a result of the PASARR level II Assessment, not to require mental health, mental retardation rehabilitation services.

Services Included:
Mental Health Services

Other Services:
Mental health and mental rehabilitation services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Psychiatrists

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
HCI

Explanation of Unique Circumstances of the Program:
Exclusive contract with a sole source provider to provide mental health and mental rehabilitation services to nursing home recipients.

Idaho

HEALTHY CONNECTIONS

State Medicaid Contact Name:
JAN CHEEVER

State Medicaid Contact Telephone Number:
(208) 334-5804

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(2)

Original Implementation Date:
October 01,1993

Expiration Date:
May 24,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	24,842
SSI/SSI-Related	Mandatory	=	7,447
Other (State Supplemental Eligibles)	Mandatory	=	139
Total Number of Enrollees:			32,428

Population Categories Excluded:
Eligibility Less Than 3 Months

Other Populations Excluded:
If travel > 30 minutes or 30 miles, have existing relationship with a Non-participating PCP, QMB-only or SLMBlmb-only, Live in Non-participating County, Retro-eligibility Only, eligible as Medically Needy

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services

Other Services:
Audiology, Standard/HIV Testing & Treatment, Childhood Immunizations Through District Health Departments, Annual Screening Mammography (Applicable to Women over 40 Years of Age), Flu Shots, Podiatry, Chiropractic, and Vision Services

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Physician Assistant, General Surgeon, Oncologist, Indian Health Clinics, Public Health Departments, Urgent Care Facilities

-- Additional Information --

This program provides:

Phased-In Implementation
No Lock-In Provision

Plans:

Healthy Connections

Explanation of Unique Circumstances of the Program:

Case management fee paid pmpm; two mandatory counties, one region has a nursing home pilot project where nursing facility residents are eligible for the program.

Indiana

HOOSIER HEALTHWISE

State Medicaid Contact Name:
SHARON STEADMAN

State Medicaid Contact Telephone Number:
(317)233-4697

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
July 01,1994

Expiration Date:
October 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	220,000
SSI/SSI-Related	Not Eligible	=	0
Other (Ward, Foster)	Voluntary	=	0 *
	Total Number of Enrollees:		220,000

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Managed Health Services
Maxicare
PCCM

Explanation of Unique Circumstances of the Program:
*During CY1997, the program began implementing a voluntary managed care program for persons with disabilities and chronic illnesses (MCPD). The enrollment process was effective in July of 1997.

Iowa

IA MNGD SUBSTANCE ABUSE CARE PLAN

State Medicaid Contact Name:
JANE GASKILL

State Medicaid Contact Telephone Number:
(515) 281-5755

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
September 01,1995

Expiration Date:
August 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Dual (Medicaid - Medicare))	Mandatory	=	12,339
Total Number of Enrollees:			183,233

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
Age 65+, Medically Needy with Spend down

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services
Mental Health Services
Substance Abuse Services

Other Services:
Residential and Halfway Substance Abuse

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
National Council on Alcoholism

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Mandatory enrollment is required for this program.

Iowa

IOWA MEDICAID MANAGED HEALTH CARE

State Medicaid Contact Name:
SHELLIE GOLDMAN

State Medicaid Contact Telephone Number:
(515) 281-6087

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
July 01,1990

Expiration Date:
February 07,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	29,299
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		29,299

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Persons Eligible through Medically Spend Down

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
Care Choices
Medipass
United Health Care of the Midlands
Heritage Nat'l Health Plan
Principal

Explanation of Unique Circumstances of the Program:
No lock-in provision.

Iowa

MENTAL HEALTH ACCESS PLAN

State Medicaid Contact Name:
CANDICE NARDINI

State Medicaid Contact Telephone Number:
(515) 242-6021

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
March 01,1995

Expiration Date:
November 28,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Dual (Medicaid - Medicare))	Mandatory	=	12,991
	Total Number of Enrollees:		154,879

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Age 65+, Medically Needy with Spend down

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services
Mental Health Services
Substance Abuse Services

Other Services:
Alternative Services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
Merit Behavioral Care of Iowa

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Mandatory enrollment is required for this program.

Kansas

KMMC: PRIME CARE KANSAS

State Medicaid Contact Name:
CINDY SMITH

State Medicaid Contact Telephone Number:
(913) 296-3981

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
December 01,1995

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	15,259
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		15,259

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Blue Advantage Plus
Health Net
Horizon

Explanation of Unique Circumstances of the Program:
None

Kansas

KMMC: HEALTH CONNECT

State Medicaid Contact Name:
ANGIE CASEY

State Medicaid Contact Telephone Number:
(913) 296-3981

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1984

Expiration Date:
December 27,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	62,616
SSI/SSI-Related	Mandatory	=	15,148
Other (General Assistance)	Mandatory	=	1,408
	Total Number of Enrollees:		79,172

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Health Connect

Explanation of Unique Circumstances of the Program:
None

Kentucky

HUMAN SERVICE TRANSPORTATION

State Medicaid Contact Name:
BETSY DUNNIGAN

State Medicaid Contact Telephone Number:
(502)564-3476

Geographic Areas Covered:
Region(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
November 01,1995

Expiration Date:
February 02,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (All Medicaid Eligibles)	Mandatory	=	0 *
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Not Applicable

Other Services:
Transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*This program has not been implemented as of 6/30/97.

Due to the nature of the waiver which is a limited carve-out for transportation services, the program does not designate a primary care provider.

Kentucky

KENTUCKY ACCESS

State Medicaid Contact Name:
RICH HEINE

State Medicaid Contact Telephone Number:
(602)564-7940

Geographic Areas Covered:
Region(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
March 07,1997

Expiration Date:
September 01,2000

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Dual Eligibles)	Mandatory	=	0 *
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
Long Term Care, Hospice

Services Included:
Mental Health Services
Substance Abuse Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
* The program has not been implemented as of 6/30/97.

Due to the nature of the waiver which is a limited carve-out for a segment of Mental Health/Substance Abuse services, the program does not designate a primary care provider.

Kentucky

KENTUCKY PATIENT ACCESS AND CARE SYSTEM (KENPAC)

State Medicaid Contact Name:
ADELE DICKERSON

State Medicaid Contact Telephone Number:
(502)564-2687

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
February 01,1986

Expiration Date:
November 19,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	268,205
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		268,205

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Spenddown, Lock-in, Participants in Kentucky health insurance, Premium Payment Program, Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, Residents of Mental Hospital, Psychiatric Residential Treatment

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Opthalmology, 0ptometry, Obstetrical; Podiatry, Nursing Home and ICF/MR Services, Hearing, Vision, Routine Newborn Care, Medicare-Medicaid Crossover

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Osteopaths

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
1915(b) Kentucky Patient Access and Care System (Kenpac)

Explanation of Unique Circumstances of the Program:
Kentucky is implementing 1115 waiver which should be operational 10/97 in 2 regions of the state. At that time, the KENPAC program will be subsumed by the partnerships which will administer the 1115 waiver.

Louisiana

COMMUNITY CARE PROGRAM

State Medicaid Contact Name:
MADELINE DARCEY

State Medicaid Contact Telephone Number:
(504)342-1304

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
June 01,1992

Expiration Date:
January 20,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	29,636
SSI/SSI-Related	Mandatory	=	10,832
Other	Not Eligible	=	0
	Total Number of Enrollees:		40,468

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Elderly Recipients, Medically Needy Persons Eligible because of Presumptive Eligibility, Clients of Office of Youth and Development

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Durable Medical Equipment

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Osteopath

-- Additional Information --

This program provides:
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Community Care Program

Explanation of Unique Circumstances of the Program:
None

Maine

MEDICAID MANAGED CARE INITIATIVE

State Medicaid Contact Name:
CHRISTINE ZUKAS-LESSARD

State Medicaid Contact Telephone Number:
(207)624-5518

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
May 24,1997

Expiration Date:
October 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	473
SSI/SSI-Related	Not Eligible	=	0
Other (Foster Children)	Voluntary	=	5
	Total Number of Enrollees:		478

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
In Jails, Mental Institutions

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Occupational Therapy, Physical Therapy, Speech Therapy, Private Duty Nurse/Personal Care Attendant, Podiatry, Durable Medical Equipment, Chiropractic, Optometry, Optician, Ambulatory

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Nylcare Health Plans of Maine, Inc.

Explanation of Unique Circumstances of the Program:
None

Maine

PRIMECARE

State Medicaid Contact Name:
JULIA WHITE

State Medicaid Contact Telephone Number:
(207)624-5517

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
June 01,1994

Expiration Date:
August 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	11,548
SSI/SSI-Related	Not Eligible	=	0
Other (Foster Children)	Voluntary	=	222
	Total Number of Enrollees:		11,770

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
In Jails, Mental Institutions

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Occupational Therapy, Physical Therapy, Speech Therapy, Private Duty Nurse/personal Care Attendant, Podiatry, Durable Medical Equipment, Chiropractic, Optometry, Optician, Ambulatory

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Physician Assistants

-- Additional Information --

This program provides:

Enrollment Broker
Other Period for Lock-In Provision

Plans:

Primecare

Explanation of Unique Circumstances of the Program:

None

Maryland

DIABETES CARE PROGRAM

State Medicaid Contact Name:
LAVERNE WARE

State Medicaid Contact Telephone Number:
(410)225-5220

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(3)

Original Implementation Date:
June 01,1991

Expiration Date:
November 22,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10)(B)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	0 *
SSI/SSI-Related	Voluntary	=	0 *
Other (SOBRA Children)	Mandatory	=	0 *
	Total Number of Enrollees:		1,047

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
SOBRA Women

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Mental Health Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Hospital Outpatient Departments

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Diabetes Care Program

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Monthly patient management fee of $20.00.

This program will be subsumed by the 1115 waiver program.

Maryland

MARYLAND ACCESS TO CARE

State Medicaid Contact Name:
LAVERNE WARE

State Medicaid Contact Telephone Number:
(410)225-5220

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
December 09,1991

Expiration Date:
May 24,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1915(b)(1), 1902(a)(1),1902(a)(10)(b), 1902(a)(23)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (SOBRA Children)	Voluntary	=	0 *
	Total Number of Enrollees:		233,356

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
Refugee

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Mental Health Services

Other Services:
Most Maryland Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Hospital Outpatient Departments

-- Additional Information --

This program provides:
Phased-In Implementation
1 Year Lock-In Provision

Plans:
Maryland Access to Care

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories at this time.

This program will be subsumed by the 1115 waiver program.

Massachusetts

MASS HEALTH

State Medicaid Contact Name:
MARY B FISKE

State Medicaid Contact Telephone Number:
(617)210-5426

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
January 01,1992

Expiration Date:
June 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	375,991
SSI/SSI-Related	Mandatory	=	82,210
Other (Elderly Non-inst. Dual Eligible & Com. For the Blind Recipients)	Voluntary	=	2,480
Total Number of Enrollees:			460,681

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Presump Eligible Pregnant Women

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Specialists with Permission from Division
Medical Assitants

-- Additional Information --

This program provides:
Enrollment Broker
No Lock-In Provision

Plans:
Community Health Plan
Fallon Communtiy Health Plan
HMO Blue
MA Behavioral Health Partnership
Pilgrim Heatlth Care
Community Medical Alliance
Harvard Community Health Plan
Kaiser Foundation Health Plan
Neighborhood Health Plan
Tufts Associated Health Plan

Explanation of Unique Circumstances of the Program:
Mass Health has a behavioral carve-out for the PCCM enrollees. The MA Behavioral Health Partnership is the contractor that provides the behavioral health services.

This program will be subsumed by the 1115 waiver program.

Michigan

CLINIC PLAN

State Medicaid Contact Name:
MARK COHEN

State Medicaid Contact Telephone Number:
(517)335-5116

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
January 01,1983

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other	Not Eligible	=	0
	Total Number of Enrollees:		98,203

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Spend Down, QMB, Title V Eligible

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All Other Clinic Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
Botsford
Central Michigan Health Plan
DMC
Midwest Health Plan
Oakwood Healthcare Plan
Sunshine Health Plan
Virginia Park
Cape Medical
Community Care Plan
First Care Health Plan
North Oaks Health System
Pro Care Clinic Plan
Superior Health Alliance

Explanation of Unique Circumstances of the Program:
*Number of TANF/TANF-Related and SSI/SSI-Related enrollees are unknown as State does not tabulate these breakouts.

This program will be incorporated under a mandatory managed care program.

Michigan

PHYSICIAN SPONSOR PLAN

State Medicaid Contact Name:
KYLE BOYER STRALEY

State Medicaid Contact Telephone Number:
(517)335-5549

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
January 01,1982

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(7)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	281,745
SSI/SSI-Related	Mandatory	=	82,836
Other	Not Eligible	=	0
	Total Number of Enrollees:		364,541

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Spend Down, QMB

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Physical Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
PCCM

Explanation of Unique Circumstances of the Program:
This program will be incorporated under a mandatory managed care program.

Minnesota

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND (CCDTF)

State Medicaid Contact Name:
CAROLYN POLLARD

State Medicaid Contact Telephone Number:
(612)296-4728

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
January 01,1988

Expiration Date:
April 29,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	481
SSI/SSI-Related	Voluntary	=	2,147
Other ((State Funded/Non-Medicaid))	Voluntary	=	18,060
Total Number of Enrollees:			20,688

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Non-Medicaid Eligible State Funded Recipients

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Substance Abuse Services

Other Services:
Extended Care, Halfway House

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
FFS Specialty Treatment Program

Explanation of Unique Circumstances of the Program:
Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

CCDTF program manages FFS substance abuse/chemical dependency services only. It does not provide primary care or designate PCPs. Only licensed chemical dependency providers participate in program.

The total number of enrollees includes 18,060 of non-Medicaid recipients.

Mississippi

HEALTHMACS

State Medicaid Contact Name:
MELZANA FULLER

State Medicaid Contact Telephone Number:
(601)359-6050

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
October 01,1993

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	75,180
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		75,180

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Live in a County in Which the Waiver Program Has Not Been Implemented, Have an Eligibility Periods That Is Only Retroactive,Eligible Only as Medically Needy,Have a Pre-existing Relationship with a Non-waivered Provider Which Requires Continuity of Care.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Osteopaths

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Healthmacs

Explanation of Unique Circumstances of the Program:
The PCCM program specifies that the recipient choose and enroll with or be assigned to a primary case provider who is paid a monthly case management fee of $3.00 for each enrollee in addition to regular fee for service payments. Enrollment is to 1500 per physician and 500 per nurse practitioner.

HCFA has approved a contract for service provided to all categories of Medicaid eligibles for voluntary enrollment with an HMO. This contract covers 11 counties, 8 of which are also Healthmacs counties.

Missouri

MC+

State Medicaid Contact Name:
MARINEDA "JACKIE" JUNG

State Medicaid Contact Telephone Number:
(573) 751-5178

Geographic Areas Covered:
County(s)
City(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
October 01,1995

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	254,786
SSI/SSI-Related	Not Eligible	=	0
Other (Children in Legal Custody of DSS)	Mandatory	=	10,456
Total Number of Enrollees:			265,242

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Permanently & Totally Disabled, Medical or Old Age Assistance

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Emergency, Transportation, Hospice

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners

Other PCP Provider Types:
Clinics

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Blue Advantage Plus
Blue Choice
Care Partners
Community Care Plus
Community Health Plan
Family Health Partners
First Guard
Gencare
Health Net
Healthcare USA
Humana Health Plan
Mercy Health Plan
Prudential Health Plan

Explanation of Unique Circumstances of the Program:
MC arrangement - HMO/SPD & HMO/FQ - MO does not have an SSI category. They are included in other assistance. They may choose not to join MC+ or may disenroll at will. Lock in - 6 mo for HMO/FQ; Enrollees in HMO/SPD can transfer to another plan as they wish.

Montana

MENTAL HEALTH ACCESS PLAN

State Medicaid Contact Name:
RANDY POULSEN

State Medicaid Contact Telephone Number:
(406)444-3964

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
April 01,1997

Expiration Date:
November 30,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	48,695
SSI/SSI-Related	Mandatory	=	21,946
Other (Medically Needed)	Mandatory	=	9,777
	Total Number of Enrollees:		80,418

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Physician Services
Home Health Services
Mental Health Services

Other Services:
Transportation

PCP Provider Types:
Pediatricians
Family Practitioners
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Psychiatrists, Determined by HMO

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Mental Health Access Plan

Explanation of Unique Circumstances of the Program:
Since psychiatrists are not avaliable in some areas, the PCP provider list above are qualified to be PCPs under this program.

Montana

PASSPORT TO HEALTH

State Medicaid Contact Name:
SHARON DONOVAN

State Medicaid Contact Telephone Number:
(406)444-4148

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
January 01,1993

Expiration Date:
October 25,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	33,953
SSI/SSI-Related	Mandatory	=	6,215
Other	Not Eligible	=	0
	Total Number of Enrollees:		40,168

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Medically needy, ICF/MR, Hardship

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
EPSDT Services
Physician Services

Other Services:
Chiropractor

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants, IHS Clinics

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
No Lock-In Provision

Plans:
Passport to Health

Explanation of Unique Circumstances of the Program:
Program includes a $3.00 case management fee.

Nebraska

NEBRASKA HEALTH CONNECTION- MH/SA

State Medicaid Contact Name:
DAVID CYGAN

State Medicaid Contact Telephone Number:
(402) 471-9050

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
July 01,1995

Expiration Date:
June 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	78,181
SSI/SSI-Related	Mandatory	=	10,762
Other (Foster Care, State Wards)	Mandatory	=	4,142
Total Number of Enrollees:			93,085

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services
Mental Health Services
Substance Abuse Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
FHC Options Mental Health

Explanation of Unique Circumstances of the Program:
Due to the nature of the waiver which is a limited carve-out for a segment of Substance Abuse/Mental Health Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Nebraska

NEBRASKA HEALTH CONNECTION-MED/SURG

State Medicaid Contact Name:
DAVID CYGAN

State Medicaid Contact Telephone Number:
(402) 471-9050

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)

Original Implementation Date:
July 01,1995

Expiration Date:
June 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	33,406
SSI/SSI-Related	Mandatory	=	3,354
Other (Foster Care, State Wards)	Mandatory	=	1,297
Total Number of Enrollees:			38,057

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
Case by Case Exception Basis for Specialists

-- Additional Information --

This program provides:
Enrollment Broker
6-Month Lock-In Provision

Plans:
Exclusive Healthcare Inc.
Primary Care Plus
United Health Care of the Midlands

Explanation of Unique Circumstances of the Program:
None

New Jersey

NEW JERSEY CARE 2000

State Medicaid Contact Name:
DANIEL WALSKY

State Medicaid Contact Telephone Number:
(609)588-2705

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)

Original Implementation Date:
September 01,1995

Expiration Date:
November 28,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	376,824
SSI/SSI-Related	Voluntary	=	7,814
Other (Division of Youth & Family Services Clients (Foster/Subsidized Adopted Children))	Voluntary	=	6
Total Number of Enrollees:			384,644

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Clients Enrolled in Any Other Waiver Program

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Pharmacy Services

Other Services:
Optometry, Medical Transportation, Durable Medical Equipment and Supplies

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
No Lock-In Provision

Plans:
Americaid Community Care
Amerihealth
First Option Health Plan
Liberty Health Plan
Medigroup Inc. on Behalf of HMO Blue
University Health Plan
American Preferred Provider Plan
First Option Health Plan
HIP Health Plan of NJ
Managed Healthcare Systems
Oxford Health Plan (NJ)
US Healthcare

Explanation of Unique Circumstances of the Program:
None

New Mexico

PRIMARY CARE NETWORK

State Medicaid Contact Name:
MARISE MCFADDEN

State Medicaid Contact Telephone Number:
(505)827-3110

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
January 31,1991

Expiration Date:
July 08,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	67,185
SSI/SSI-Related	Mandatory	=	11,775
Other	Not Eligible	=	0
	Total Number of Enrollees:		78,960

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Recipients in Presumptive Eligibility Program, Recipients of Hospice Services, Recipients of Pregnancy or Family Planning Services

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Podiatry Services, Durable Medical Equipment, Chiropractic

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Primary Care Network

Explanation of Unique Circumstances of the Program:
This program will be incorporated under Salud.

New Mexico

SALUD!

State Medicaid Contact Name:
MARISE MCFADDEN

State Medicaid Contact Telephone Number:
(505)827-3110

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
July 01,1997

Expiration Date:
July 01,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	51,373
SSI/SSI-Related	Mandatory	=	9,004
Other	Not Eligible	=	0
	Total Number of Enrollees:		60,377

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Native Americans Can Opt-out, Institutional, HIPP, ICFMR

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
As listed in the State Plan

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Cimarron
Lovelace
Presbyterian Salud

Explanation of Unique Circumstances of the Program:
HMOs designate PCPS.

New York

BROOME COUNTY PHYSICIAN CASE MANAGEMENT PROGRAM (MAX)

State Medicaid Contact Name:
FAITH BAKER

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(3)

Original Implementation Date:
October 01,1991

Expiration Date:
August 05,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	2,443
SSI/SSI-Related	Voluntary	=	363
Other (Home Relief)	Voluntary	=	269
	Total Number of Enrollees:		3,075

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Broome County MC

Explanation of Unique Circumstances of the Program:
This program will be subsumed by the 1115 waiver program.

New York

NEW YORK MANAGED CARE PROGRAM

State Medicaid Contact Name:
ELIZABETH MCSARLANE

State Medicaid Contact Telephone Number:
(518)473-0122

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
April 01,1997

Expiration Date:
March 31,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Voluntary	=	0 *
Other (Home Relief Children)	Mandatory	=	0 *
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
Participate in LTC Demonstration Program,
Spend Down

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*The program has not been implemented as of 6/30/97.

This program will be subsumed by the 1115 wiaver program.

New York

NON-EMERGENCY TRANSPORTATION

State Medicaid Contact Name:
TIM PERRY

State Medicaid Contact Telephone Number:
(518)473-5953

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
January 17,1996

Expiration Date:
January 16,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (All Medicaid Eligibles)	Mandatory	=	0 *
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Not Applicable

Services Included:
Not Applicable

Other Services:
Non-Emergency Transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*As this waiver is a mechanism for receiving non-emergency transportation services, there are no enrollments.

Due to the nature of the waiver which is a limited carve-out for non-emergency transportation services, the program does not designate a primary care provider. In January 1996, New York State received a 1915(b) waiver that allowed for the implementation of a selective contracting program for transportation services. In turn, the State asked counties that were interested in selectively contracting transportation services to submit an application to the State. As of June 30, 1997, six counties had been approved to participate in the program.

New York

SOUTHWEST BROOKLYN MANAGED CARE DEMONSTRATION PROJECT

State Medicaid Contact Name:
LINDA REESE

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1992

Expiration Date:
August 24,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	47,344
SSI/SSI-Related	Not Eligible	=	0
Other ((NYS Home Relief Adults))	Not Eligible	=	14,508
	Total Number of Enrollees:		61,852

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Aetna Health Plan of New York
Empire Blue Cross/Blue Shield of Healthnet
HIP Bi-Link
LMC/ Health Care Plus
Oxford Health Plan
Cigna Healthplan of New York
Healthfirst
HIPComprehensive
Metroplus Health Plan
US Healthcare

Explanation of Unique Circumstances of the Program:
*Southwest Brooklyn Demo Project "Other Enrollees" are NYS home relief adults who have been allowed to enroll on a voluntary basis. This is a State-only eligibility category.

This program will be subsumed by the 1115 waiver program.

New York

THE WESTCHESTER COUNTY MANAGED CARE PROGRAM

State Medicaid Contact Name:
JOHN KAELIN

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1995

Expiration Date:
September 30,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	27,963
SSI/SSI-Related	Not Eligible	=	256
Other	Not Eligible	=	564
	Total Number of Enrollees:		28,783

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Better Health Plan
Genesis Health Plan
Westchester PHSP
Community Choice Health Plan
HIP Comprehensive

Explanation of Unique Circumstances of the Program:
*Westchester County "Other Enrollees" are NYS home relief adults who were allowed to enroll on a voluntary basis.

*SSI enrollees are members initially enrolled as part of ADC program who are being allowed to retain their membership when their eligibility changes to SSI.

This program will be subsumed by the 1115 waiver program.

North Carolina

CAROLINA ACCESS

State Medicaid Contact Name:
DAPHNE LYON

State Medicaid Contact Telephone Number:
(919)733-6964

Geographic Areas Covered:
County(s)
Region(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
April 01,1991

Expiration Date:
June 01,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Optional Categorically Needy)	Mandatory	=	0 *
Total Number of Enrollees:			319,850

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
QMB, Refugees, Optional Categorically Needy (Pregnant), State Assistance

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Ophthalmology, Optometry, Durable Medical Equipment, Chiropractic

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

Public Health Departments, Hospital Outpatient Clinics

-- Additional Information --

This program provides:

Phased-In Implementation
Other Period for Lock-In Provision

Plans:

Carolina Access

Explanation of Unique Circumstances of the Program:

*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Pays to PCP a Care Coordination fee of $3.00/enrollee for the first 250 enrollees and $2.50/enrollee for each enrollee after 250.

North Carolina

CAROLINA ALTERNATIVES

State Medicaid Contact Name:
DENNIS WILLIAMS

State Medicaid Contact Telephone Number:
(919)-733-2833

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
January 01,1994

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Optional Categorically Needy, Medical Needy)	Mandatory	=	0 *
Total Number of Enrollees:			132,198

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Beneficiaries Age 18 and Over, Beneficiaries Diagnosed with Autism

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
EPSDT Services
Physician Services
Mental Health Services
Substance Abuse Services

Other Services:
Case Consultation, Screening/Evaluation, Case Management, High Risk Intervention, Partial Hospitalization, Crisis Services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Psychiatrists, Community Mental Health Centers, Psychologists, Psychiatric Nurses

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Carolina Alternatives

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Provides Managed Behavioral Health Benefits to Children.

North Carolina

HEALTH CARE CONNECTION

State Medicaid Contact Name:
DAPHNE LYON

State Medicaid Contact Telephone Number:
(919)733-6964

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
June 01,1996

Expiration Date:
June 04,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other	Not Eligible	=	0
	Total Number of Enrollees:		31,193

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
QMB, Refugees, Deductable Status, Pregnant Women, Foster, Adult Care Home Residents

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Ophthalmology, Optometry, Corrective Lenses, Durable Medical Equipment, Chiropractic, O&P Devices, Physical Therapy, Speech Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Atlantic Health Plans, Inc.
Kaiser Foundation Hlth Pln of NC
Optimum Choice of the Carolinas
C.W. Williams
Maxicare of North Carolina
Wellness Plan of North Carolina

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

North Dakota

NORTH DAKOTA ACCESS AND CARE PROGRAM

State Medicaid Contact Name:
DAVID J. ZENTNER

State Medicaid Contact Telephone Number:
(701)328-2321

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
January 01,1994

Expiration Date:
August 08,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Not Eligible	=	0
Other (Poverty level; Optional Category.; Needy children & Caretakers)	Voluntary	=	0 *
	Total Number of Enrollees:		28,920

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Other Insurance
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Immunization Services
Physician Services
Home Health Services

Other Services:
Physical, Occupational & Speech Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
North Dakota Access and Care Program

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Each Primary Care Physician receives a $2 monthly administrative fee for each recipient.

Oregon

OREGON MENTAL HEALTH SERVICES

State Medicaid Contact Name:
BURL OLIVER

State Medicaid Contact Telephone Number:
(503) 373-7951

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
July 01,1994

Expiration Date:
March 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(32)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	13,900
SSI/SSI-Related	Mandatory	=	1,257
Other (Foster Children; OHP - Phase 1)	Mandatory	=	21,543
Total Number of Enrollees:			36,700

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
All Individuals Over Age 20

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Mental Health Services

Other Services:
24-hour Crisis Triage services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Multnomah County Childrens Project

Explanation of Unique Circumstances of the Program:
Due to the nature of the waiver which is a limited carve-out for a limited segment of Substance/Abuse/Mental Health Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

When the State of Oregon expands the Oregon Health Plan, Phase II 1115(a) statewide, this waiver will be incorporated into that program.

Oregon

TRI-COUNTY METRO. TRANSPORTATION DISTRICT

State Medicaid Contact Name:
JOAN FRYE

State Medicaid Contact Telephone Number:
(503) 945-6493

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
September 01,1994

Expiration Date:
January 25,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(32)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	27,049
SSI/SSI-Related	Mandatory	=	15,850
Other (Foster Care, Poverty Level, HP - Phase 1)	Mandatory	=	77,422
Total Number of Enrollees:			120,321

Population Categories Excluded:
Other Insurance

Other Populations Excluded:
Not Applicable

Services Included:
Not Applicable

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Brokerage Arrangement Provides Transportation

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Tri-County Metro. Transportation District

Explanation of Unique Circumstances of the Program:
The enrollment broker contracts with providers to provide non-emergency transportation services.

Pennsylvania

FAMILY CARE NETWORK

State Medicaid Contact Name:
SHERRY GRITMAN

State Medicaid Contact Telephone Number:
(717)772-6112

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
February 01,1994

Expiration Date:
July 29,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Most Medicaid Eligible Persons)	Mandatory	=	0 *
Total Number of Enrollees:			250,000

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Restricted Beneficiaries, State Blind Pension Recipients

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most Pennsylvania Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Specialist Who Meets Special Needs of Client

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Family Care Network

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

Enrollment focuses on Medicaid recipients under age 21; monthly patient management fee of $43.00.

Pennsylvania

HEALTHCHOICES - PHYSICAL HEALTH

State Medicaid Contact Name:
PATRICIA JACOBS

State Medicaid Contact Telephone Number:
(717)772-6300

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
February 01,1997

Expiration Date:
January 31,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	297,119
SSI/SSI-Related	Mandatory	=	75,927
Other (Most Medicaid Eligible Persons)	Mandatory	=	54,844
Total Number of Enrollees:			427,890

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Monthly Spend Downs, State Blind Pension

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Pharmacy Services

Other Services:
Most Pennsylvania Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Specialists on a Case-By-Case Basis

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Health Partners of Philadelphia - Healthchoices
Keystone Mercy Health Plan
Healthcare Management Alternatives
Oxford Health Plans

Explanation of Unique Circumstances of the Program:
None

Pennsylvania

HEALTHCHOICES- BEHAVIORAL HEALTH

State Medicaid Contact Name:
MARILYN ECKLEY

State Medicaid Contact Telephone Number:
(717)787-6443

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
February 01,1997

Expiration Date:
January 31,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	297,119
SSI/SSI-Related	Mandatory	=	75,927
Other (Most Medicaid Eligible Persons)	Mandatory	=	54,844
Total Number of Enrollees:			427,890

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Monthly Spend Downs, State Blind Pension

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most Behavioral Health Services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Community Behavioral Health, Inc.
Healthcare Management Alternatives - Mental Health
Keystone Health Plan Central
Merit Behavioral Health Plan of PA

Explanation of Unique Circumstances of the Program:
Due to the nature of this waiver which is a limited carve-out for Substance/Abuse/Mental Health Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Only behavioral health services are provided.

Pennsylvania

LANCASTER COMMUNITY HEALTH PLAN

State Medicaid Contact Name:
SHERRY GRITMAN

State Medicaid Contact Telephone Number:
(717)772-6112

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
May 01,1995

Expiration Date:
January 24,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(7)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Most Medicaid Eligibles in Lancaster County)	Mandatory	=	0 *
	Total Number of Enrollees:		8,600

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Restricted Beneficiaries, State Blind Pension Recipients

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services

Other Services:
Most Pennsylvania Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Outpatient Hospital Clinics

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Lancaster Community Health Plan

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

PCCM program sponsored by consortium of hospitals and State Medical Society.

South Carolina

HIGH RISK CHANNELING PROJECT (HRCP)

State Medicaid Contact Name:
BUNNY JONES

State Medicaid Contact Telephone Number:
(803)253-6374

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
April 01,1986

Expiration Date:
May 10,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Most Medicaid Eligible Persons)	Mandatory	=	2,849
Total Number of Enrollees:			6,702

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Ancillary Services, IE Social Work, Nutrition, Based on the Individual Circumstance

PCP Provider Types:
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
High Risk Channeling Project (HRCP)

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

The High Risk Channeling Project is a fee for service program, designed to target women with high medical risk pregnancy.

South Dakota

PRIME

State Medicaid Contact Name:
RANDY J. HANSON

State Medicaid Contact Telephone Number:
(605)773-3495

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(3)

Original Implementation Date:
July 01,1993

Expiration Date:
March 25,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	17,521
SSI/SSI-Related	Mandatory	=	6,544
Other (Low-income children and pregnant women)	Mandatory	=	17,477
Total Number of Enrollees:			41,542

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Subsidizes Adoptions, Adjustment Training Center Residents

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
DME, ASC Services, Ophthalmology, Residential Treatment Ctrs., Rehab

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
IHS facilities

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Prime

Explanation of Unique Circumstances of the Program:
PA's and CNP's provide PCP services under their supervising phys; protocol procedure for medically fragile; provider profiles; SED/SPMI exempt from MC for MH services only; $3.00 case mngmt. fee.

Texas

LONESTAR SELECT I

State Medicaid Contact Name:
RICK PETERS

State Medicaid Contact Telephone Number:
(512)794-6870

Geographic Areas Covered:
City(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
September 01,1994

Expiration Date:
August 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), 1902(a)(13)(B)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	225,083
SSI/SSI-Related	Mandatory	=	53,416
Other	Not Eligible	=	0
	Total Number of Enrollees:		278,499

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State Designated Hospitals

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
This waiver allowed the State of Texas to selectively contract with hospitals to provide Inpatient Hospital Services.

Texas

LONESTAR SELECT II

State Medicaid Contact Name:
RICK PETERS

State Medicaid Contact Telephone Number:
(512)794-6870

Geographic Areas Covered:
City(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
March 01,1995

Expiration Date:
August 19,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), 1902(a)(13)(B)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	5,959
SSI/SSI-Related	Mandatory	=	722
Other	Not Eligible	=	0
	Total Number of Enrollees:		6,681

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State Designated Hospitals

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
This waiver allowed the State of Texas to contract selectively with hospitals to provide non-emergency inpatient psychiatric hospital services. The objective of the waiver is to allow the State to act as a more prudent purchaser of the waiver service and managed Mediciad program in a more effective and efficient manner.

Texas

STAR - HMO

State Medicaid Contact Name:
DUANE KEERAN

State Medicaid Contact Telephone Number:
(512)794-5137

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
August 01,1993

Expiration Date:
September 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	153,562
SSI/SSI-Related	Voluntary	=	3,928
Other	Not Eligible	=	0
	Total Number of Enrollees:		157,490

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Recipients have to travel more than 30 miles or 45 minutes

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services

Other Services:
Services for Pregnant Women and Birthing Centers, Blood and Ophthalmology, Optometry, Obstetrical, Podiatry, Adult Well Check, Transplants, Durable Medical Equipment, Renal Dialysis, Physical Therapy, Occupational Therapy and Speech Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
State Designated Hospitals

-- Additional Information --

This program provides:
Enrollment Broker
No Lock-In Provision

Plans:
Americaid
First Care
Harris Methodist
HMO Blue
Community First
Foundation Health
Harris Methodist
PCA

Explanation of Unique Circumstances of the Program:
None

Texas

STAR HEALTH PLAN - PCCM

State Medicaid Contact Name:
DUANE KEERAN

State Medicaid Contact Telephone Number:
(512)794-5137

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
December 01,1993

Expiration Date:
September 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)

Other Statutes Waived:
1902(a)(13)(A), except for (1) refer to disproportionate share payments and (2) refer to "inappropriate level of care payments", 1902(a)(13)(B)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	122,576
SSI/SSI-Related	Voluntary	=	2,604
Other	Not Eligible	=	0
	Total Number of Enrollees:		125,180

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Recipients have to travel more than 30 miles or 45 minutes

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services

Other Services:
Services for Pregnant Women and Birthing Centers, Blood and Ophthalmology, Optometry, Obstetrical, Podiatry, Adult Well Check, Transplants, Durable Medical Equipment, Renal Dialysis, Physical Therapy, Occupational Therapy and Speech Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
State Designated Hospitals

-- Additional Information --

This program provides:
Enrollment Broker
No Lock-In Provision

Plans:
Star Health Plan - PCCM

Explanation of Unique Circumstances of the Program:
None

Utah

CHOICE OF HEALTH CARE DELIVERY

State Medicaid Contact Name:
ED FURIA

State Medicaid Contact Telephone Number:
(801)538-6505

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Original Implementation Date:
July 01,1982

Expiration Date:
November 18,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	65,041
SSI/SSI-Related	Mandatory	=	17,706
Other (Medically needy, Poverty level, Foster care)	Mandatory	=	4,950
Total Number of Enrollees:			91,776

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Populations Excluded:
Clients in State psychiatric hospital

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Substance Abuse Services

Other Services:
Not Applicable

PCP Provider Types:

Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:

HMO's, Indian Health Clinics, Local Health Departments

-- Additional Information --

This program provides:

Enrollment Broker
Other Period for Lock-In Provision

Plans:

American Family Care
FHP
Intergroup of Utah
Choice of Health Care Delivery
IHC Health Plan Inc.
United Healthcare of Utah

Explanation of Unique Circumstances of the Program:

Mandatory HMO enrollment in urban area; voluntary PCCM in rural area.

Utah

PREPAID MENTAL HEALTH PROGRAM

State Medicaid Contact Name:
KAREN FORD

State Medicaid Contact Telephone Number:
(801)538-6637

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
July 01,1991

Expiration Date:
April 20,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	76,790
SSI/SSI-Related	Mandatory	=	23,697
Other (Medically needy, Poverty level, Foster care)	Mandatory	=	9,445
Total Number of Enrollees:			109,932

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Clients in State psychiatric hospital, State Developmental Center (MR/DD)

Services Included:
Inpatient Hospital Services
EPSDT Services
Mental Health Services

Other Services:
Mental Health Clinic, Targeted Case Mgmt. for the MI, Transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Community Mental Health Centers

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:

Bear River Mental Health
Central Utah Mental Health
Davis Mental Health
Four Corners Mental Health
Southwest Mental Health
Valley Mental Health
Wasatch Mental Health
Weber Mental Health

Explanation of Unique Circumstances of the Program:
Community Mental Health Centers serve as Prepaid Mental Health Plans to provide/coordinate all mental health services in 8 of Utah's 11 mental health service areas.

Virginia

MEDALLION

State Medicaid Contact Name:
SCOTT KENNEDY

State Medicaid Contact Telephone Number:
(804)371-0861

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
March 01,1992

Expiration Date:
March 26,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	148,710
SSI/SSI-Related	Mandatory	=	43,174
Other	Not Eligible	=	0
	Total Number of Enrollees:		191,884

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Spend down, Refugees, Hospice

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Physician Services

Other Services:
Most Virginia Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Medallion

Explanation of Unique Circumstances of the Program:
Monthly patient management fee of $3.00.

Virginia

MEDALLION II

State Medicaid Contact Name:
CLAUDIA AYON

State Medicaid Contact Telephone Number:
(804)371-2453

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
January 01,1996

Expiration Date:
December 31,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	72,755
SSI/SSI-Related	Mandatory	=	13,450
Other	Not Eligible	=	0
	Total Number of Enrollees:		86,205

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Enrolled With Hospice

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most Virginia Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Chartered Health Plan
Healthkeepers Plus - Priority
Healthkeepers Plus - Peninsula
Sentara Family Care

Explanation of Unique Circumstances of the Program:
None

Washington

HEALTHY OPTIONS

State Medicaid Contact Name:
JULIE LAKE

State Medicaid Contact Telephone Number:
(360) 586-6517

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
October 01,1993

Expiration Date:
January 23,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	257,067
SSI/SSI-Related	Mandatory	=	6,787
Other (Children at or below 200% of FPL, Pregnant Women at or below 185% of FPL)	Mandatory	=	198,824
Total Number of Enrollees:			462,678

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children

Other Populations Excluded:
Eligibles for Tribal Health services who elect not to participate

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Pharmacy Services

Other Services:
Licensed Midwife, Durable Medical Equipment, Hospice, Ambulance, STD Screens & Follow Ups, HIV Testing & TB Screens

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
BHP Plus
Blue Cross/Carenet
Clark United Providers
Group Health NW
Kaiser
Kitsap Physicians Services
Medical Services Corp
Nylcare
Providence Health Care
Skagit County Med Bur
Blue Cross
Blue Cross/CHPW
Group Health Coop
Healthy Options
King County Medical
Med Srvcs of Idaho
Nylcare
Pierce County Medical
Qual-Med
Unified Physicians

Explanation of Unique Circumstances of the Program:
Effective June 1997, a Statewide phase-in of mandatory enrollment for SSI recipients.

Washington

MENTAL HEALTH SERVICES

State Medicaid Contact Name:
DAVE DULA

State Medicaid Contact Telephone Number:
(360) 902-0791

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
July 01,1993

Expiration Date:
November 12,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	298,672
SSI/SSI-Related	Mandatory	=	137,840
Other (QMBs, QDWIs, SLMBs, Pregnant Women at or Beolow 185%)	Mandatory	=	293,540
Total Number of Enrollees:			730,052

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR

Other Populations Excluded:
Residents of State owned institutions, eligibles for Tribal Health services who elect not to participate

Services Included:
Mental Health Services

Other Services:
Rehabilitation Services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
No Lock-In Provision

Plans:
Chelan/Douglas
Gray's Harbor
King County
NE Washington
Pierce County
Spokane County
Thurston/Mason
Timberland
Clark County
Greater Columbia
N. Central Washington
North Sound
Southwest
The Peninsula
Timberland

Explanation of Unique Circumstances of the Program:
Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Effective October 1, 1997, the State will include inpatient psychiatric services in the waiver.

Washington

SELECTIVE CONTRACTING

State Medicaid Contact Name:
ALAN MCMULLEN

State Medicaid Contact Telephone Number:
(360) 586-6698

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
April 01,1988

Expiration Date:
December 31,2000

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(A)(13)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other	Not Eligible	=	0
	Total Number of Enrollees:		0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Enrolled in Washington Healthy

Services Included:
Inpatient Hospital Services
Laboratory Services
X-Ray Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Not Applicable

Explanation of Unique Circumstances of the Program:
*There is no enrollment because Washington contracts with a limited number of hospitals.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

West Virginia

MOUNTAIN HEALTH TRUST

State Medicaid Contact Name:
RANDY MYERS

State Medicaid Contact Telephone Number:
(304)926-1933

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Original Implementation Date:
September 01,1996

Expiration Date:
August 31,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	46,192
SSI/SSI-Related	Mandatory	=	0 *
Other (SOBRA Children)	Mandatory	=	0 *
	Total Number of Enrollees:		46,192

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Medically Needy

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services

Other Services:
Dental services include adult emergency only

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Carelink Health Plan
Optimum Choice

Explanation of Unique Circumstances of the Program:
None

West Virginia

PHYSICIAN ASSURED ACCESS SYSTEM

State Medicaid Contact Name:
ELLEN CANNON

State Medicaid Contact Telephone Number:
(304)926-1707

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1915(b)(1)

Original Implementation Date:
June 01,1992

Expiration Date:
December 14,1997

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	73,329
SSI/SSI-Related	Mandatory	=	5,560
Other (SOBRA Pregnant Women and Children)	Mandatory	=	325
Total Number of Enrollees:			79,214

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Spend Down and pregnant women unless they are under care of PAAS PCP.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services

Other Services:
Most West Virginia Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
General Surgeons

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Physician Assured Access System

Explanation of Unique Circumstances of the Program:
None

Wisconsin

MEDICAID HMO PROGRAM

State Medicaid Contact Name:
ANGIE DOMBROWICKI

State Medicaid Contact Telephone Number:
(608)266-1935

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Original Implementation Date:
August 01,1984

Expiration Date:
September 30,1998

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	201,944
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		201,944

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Recipients Residing in a Fee-For-Service County, Refugees, Migrant Worker's

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Transportation, Chiropractic, Podiatry, Nurse, Physical Therapy, Optometry, Speech, Audiology, Vision, Durable Medical Equipment, Durable Medical Supply

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Atrium Health Plan
Dean Health Plan
Genesis Health Plan
Group Health Cooperative of Eau Claire
Humana/Wisconsin Health Organization (Mandatory)
Maxicare
Network Health Plan
Primecare
United Health Plan
Valley Health Plan
Compcare
Family Health Plan
Greater Lacrosse Health Plan
Group Health Cooperative of SC WI
Managed Health Services
Mercy Care Health Plan
Physicians Plus
Security Health Plan
Unity Health Plan

Explanation of Unique Circumstances of the Program:
Enrollment brokers vary by county; Summary and detailed claim data required; HMOs required to coordinate with WIC, county non-MA programs, etc.

Wyoming

HOSPITAL INPATIENT SELECTIVE CONTRACTING

State Medicaid Contact Name:
SHARON KUSTER

State Medicaid Contact Telephone Number:
(307)777-7245

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1915(b)(4)

Original Implementation Date:
July 01,1994

Expiration Date:
March 15,1999

Operating Authority:
1915(b)

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A) and (B)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Optional categorically needy under age 21)	Mandatory	=	0 *
Total Number of Enrollees:			0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Eligibility Less Than 3 Months

Other Populations Excluded:
All Individuals over age 21

Services Included:
Inpatient Hospital Services
EPSDT Services
Mental Health Services

Other Services:
Transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Inpatient Hospital Selective Contract

Explanation of Unique Circumstances of the Program:
*This program provides transporation services to transplant patients.

Section 1115 Research and Demonstration Waivers

Alabama

BAY HEALTH PLAN

State Medicaid Contact Name:
JACQUELINE GRAY

State Medicaid Contact Telephone Number:
(334)242-5011

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
1115(a)

Original Implementation Date:
May 01,1997

Expiration Date:
September 30,2002

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(C)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	68,918
SSI/SSI-Related	Not Eligible	=	0
Other (Refugee, Infants of SSI Mothers)	Mandatory	=	0 *
	Total Number of Enrollees:		68,918

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Primehealth, Inc.

Explanation of Unique Circumstances of the Program:
*The program has not fully been implemented until February of 1998.

BAY Health Plan members can change PCPs on a monthly basis.

Arizona

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

State Medicaid Contact Name:
LYNN MARTINEZ

State Medicaid Contact Telephone Number:
(602)417-4447

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
October 01,1982

Expiration Date:
September 30,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(10)(A)(ii), 1902(a)(10)(A)(ii)(V), 1902(a)(10)(B)(i), 1902(a)(13), 1902(a)(14), 1902(a)(17), 1902(a)(30), 1902(a)(54), 1902(q)(1)(A).

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	215,981
SSI/SSI-Related	Mandatory	=	93,083
Other (SOBRA Pregnant Women, Infants, Optional 1902(r)(2) Children Under 14, Persons with Income Up to 300% of SSI and Eligible for Arizona Long Term Care System.)	Mandatory	=	153,649
Total Number of Enrollees:			462,713

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Acute Care, Behavioral Health, Institutional, Home and Community Based, and Case Management Services are integrated into a single delivery package.

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistant Practicing Under the Supervision of a physician.

-- Additional Information --

This program provides:
1 Year Lock-In Provision

Plans:
Access Blue Connection (Health Plan (HP) Acute Care)
AZ Physicians IPA (HP and Program Contractor (PC)
Cochise Co. Dept. Health Services (PC)
Department of Economic Security/Division of Developmental Disabilities (PC)
Doctors Health Plan (HP)
Health Choice Arizona (HP)
Mercy Care Plan (HP)
PIMA Health System (HP AND PC)
Ventana Health Systems (PC)
Arizona Health Concepts (HP)
Cigna Community Choice (HP)
Department of Economic Security/Children's Medical and Dental Program (HP)
Department of Health Services
Family Health Plan of North Eastern Arizona (HP)
Maricopa Managed Care Systems (HP and PC)
Phoenix Health Plan/Community Connection (HP)
Pinal County Long Term Care (PC)
Yavapai County Long Term Care (PC)

Explanation of Unique Circumstances of the Program:
A managed care system based on prepaid capitation to health plans and long term care program contractors. Never operated as a fee-for-service program. Waivers include 75/25 rule, lock-in of enrollment up to 12 months and 6 month guaranteed eligibility. Services coordinated and managed by 8 program contractors.

California

CENTER FOR ELDER INDEPENDENCE

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
April 01,1996

Expiration Date:
June 30,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(I)(II), 1903(f)(4)(C)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	111
Other (Aged, Blind and Disabled)	Not Eligible	=	0
	Total Number of Enrollees:		111

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Pharmacy Services

Other Services:
Long Term Care

PCP Provider Types:
Primary Care Providers
General Practitioners
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Cemters for Elders Independence

Explanation of Unique Circumstances of the Program:
This is a Social HMO operating under a PACE waiver.

California

ON LOK SENIOR HEALTH SERVICES

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
July 01,1983

Expiration Date:
June 30,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(I)(II), 1903(f)(4)(C)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	494
Other (Aged, blind and disabled)	Not Eligible	=	0
	Total Number of Enrollees:		494

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Primary Care Providers
General Practitioners
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
On Lok

Explanation of Unique Circumstances of the Program:
This is a health and social service program for persons who are certified by the State for nursing home level of care.

California

SENIOR CARE ACTION CARE NETWORK

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
January 01,1985

Expiration Date:
August 31,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(e)(2)(A), 1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	893
Other (Aged, blind and disabled)	Not Eligible	=	0
	Total Number of Enrollees:		893

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Pharmacy Services

Other Services:
Long Term Care

PCP Provider Types:
Primary Care Providers
General Practitioners
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Scan Health Plan

Explanation of Unique Circumstances of the Program:
This is a Social HMO.

California

SUTTER SENIOR CARE

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
April 01,1995

Expiration Date:
April 30,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903 (m)(2)(A)(I)(II), 1903(f)(4)(c)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	106
Other (Aged, blind and disabled)	Not Eligible	=	0
	Total Number of Enrollees:		106

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Pharmacy Services

Other Services:
Long Term Care

PCP Provider Types:
Primary Care Providers
General Practitioners
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Sutter Senior Care

Explanation of Unique Circumstances of the Program:
This is a Social HMO operating under a PACE waiver.

Delaware

DIAMOND STATE HEALTH PLAN

State Medicaid Contact Name:
KAY HOLMES

State Medicaid Contact Telephone Number:
(302)577-4900

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
January 01,1996

Expiration Date:
March 01,2001

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10), 1902(a)(13)(E), 1902(a)(34), 1902(a)(30)(A), 1903(m)(2)(A)(ii),(vi)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	41,738
SSI/SSI-Related	Mandatory	=	7,426
Other (Adults with Incomes up to 100% of the Federal poverty Level)	Mandatory	=	13,953
Total Number of Enrollees:			63,117

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Persons who have accessable third party managed care insurance

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
All Other DE Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
1 Year Lock-In Provision

Plans:
Amerihealth
Blue Cross/Blue Shiled of Delaware
Delawarecare
First State Health Plan

Explanation of Unique Circumstances of the Program:
This program offers very limited Mental Health and Substance Abuse benefits. Most of the Mental Health and Substance Abuse Services are fee-for-service.

District of Columbia

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS (HSCSN)

State Medicaid Contact Name:
ELLIE TINTO

State Medicaid Contact Telephone Number:
(202)727-0735

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
December 01,1995

Expiration Date:
December 01,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(ii), 1903(m)(2)(A)(vi)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	1,778
Other	Not Eligible	=	0
	Total Number of Enrollees:		1,778

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Restricted Beneficiaries

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most DC Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Health Services for Children w/spec. Needs

Explanation of Unique Circumstances of the Program:
6 month lock-in begins after first 45 day enrollment; after 6 months, can disenroll without cause.

Hawaii

HAWAII QUEST

State Medicaid Contact Name:
AILEEN HIRAMATSU

State Medicaid Contact Telephone Number:
(808)586-5400

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
August 01,1994

Expiration Date:
March 31,1999

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(10)(A)(i)(I) and (III-VII), 1902(a)(10)(B), 1902(a)(13)(C), 1902(a)(17)(D), 1902(a)(25)(G), 1902(a)(30), 1902(a)(51)(B), 1902(a)(58), 1902(a)(52), 1902(a)(34), 1902(a)(10)(C)(ii), 1902(e)(1)(A); 1902(e)(4-7)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	88,000
SSI/SSI-Related	Not Eligible	=	0
Other (Uninsured with incomes up to 300% poverty meeting asset limits,income between 100% and 300% FPL. Self-employed pay minimum premium share.)	Mandatory	=	43,000
Total Number of Enrollees:			131,000

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
Foster Children living outside of the State, anyone who meets categorical requirements for being Aged, Blind or Disabled.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Adult Dental covered for emergency only. Seriously mental ill or seriously emotionally disturbed receive Specialty Services from Specialized Managed Care Plans.

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
1 Year Lock-In Provision

Plans:
Aloha Care
HMSA - Dental
HMSA-Medical
Queen's Hawaii Care
Denticare
HMSA-Behavioral Health for SMI
Kaiser Foundation
Straub

Explanation of Unique Circumstances of the Program:
None

Maryland

HEALTH CHOICE

State Medicaid Contact Name:
ALICE THOMETZ

State Medicaid Contact Telephone Number:
(410)767-4664

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
June 01,1997

Expiration Date:
June 01,2002

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(E), 1902(a)(5),1902(a)(47), 1902(a)(4)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other (Everyone is eligible except for the groups indicated in the Excluded Category.)	Mandatory	=	0 *
Total Number of Enrollees:			0 *

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Enrolled in Maryland Kids Count Program and Family Planning.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most of Maryland Medicaid Services.

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Specialists on a case by case basis

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
1 Year Lock-In Provision

Plans:
Freestate Health Plan
JAI Medical System
New American Health MCO
Priority Partner MCO
United Health Care (Chesapeake Familyfirst)
Helix Health System Affiliate
Maryland Physician Care MCO
Prime Health Cooperation
Prudential

Explanation of Unique Circumstances of the Program:
*The program has not been implemented as of June 30, 1997.

Minnesota

PREPAID MEDICAL ASSISTANCE PROGRAM PLUS (PMAP PLUS)

State Medicaid Contact Name:
MARY KENNEDY

State Medicaid Contact Telephone Number:
(612)282-9921

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
July 01,1985

Expiration Date:
June 30,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(7),
1902(a)(13)(E),1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	119,111
SSI/SSI-Related	Mandatory	=	19,058
Other	Mandatory	=	84,814
	Total Number of Enrollees:		222,983

Population Categories Excluded:
Not Applicable

Other Populations Excluded:
Blind and Disabled under Age 65, QMB Only, Those with Private Coverage with a Non-medicaid Contracting HMO, Children Eligible Through Subsidized Adoption, Refugee Assistance Program Recipients

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All other MA Benefits covered except NF, ICF/MR, and HCBS Services

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
1 Year Lock-In Provision

Plans:
Blue Plus
First Plan
Itasca Medical Care
MHP
UCARE
Central MN Group Health
Health Partners
Medica
UCARE

Explanation of Unique Circumstances of the Program:
PCP provider types are designated by HMOs rather than state county staff perform enrollment broker functions.

Ohio

OHIO 1115 (TANF & TANF-RELATED)

State Medicaid Contact Name:
CYNTHIA BURNELL

State Medicaid Contact Telephone Number:
(614)466-4693

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
July 01,1996

Expiration Date:
June 30,2001

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	352,246
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		352,246

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
All except TANF and TANF-Related Medicaid Eligibles

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All Other Ohio Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Daymed HMP
Dayton Area Health Plan/DBA Butler Health Plan
Family Health Plan
Health Power HMO
Personal Physician Care
Summacare
Total Health Care Plan
Dayton Area Health Plan
Emerald HMO
Genesis Health Plan of Ohio
Paramount Health Care
Qualchoice Health Plan
Supermed HMO

Explanation of Unique Circumstances of the Program:
Specified counties are either mandatory or voluntary enrollment.

Oklahoma

SOONERCARE CHOICE PCCM MODEL

State Medicaid Contact Name:
LEIGH BROWN

State Medicaid Contact Telephone Number:
(405)530-3419

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
1115(a)

Original Implementation Date:
July 01,1995

Expiration Date:
June 30,2000

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(34);1902(a)(10)(A);
1902(a)(30)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	47,491
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		47,491

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children

Other Populations Excluded:
Recipients of Home and Community Based Waivers, Recipients Who Travel More than 45 Miles or 45 Minutes, Recipients Whose Eligibility Period Is Retroactive, and Members of the ABD Population.

Services Included:
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Soonercare Choice

Explanation of Unique Circumstances of the Program:
Effective October 1996, PCCM program is subcapitated system in 65 rural counties. Eligibility expansion to 185% of poverty for children under 15 and pregnant women will start December 1997. Future expansion is planned for AFDC population.

Oklahoma

SOONERCARE PLUS MCO MODEL

State Medicaid Contact Name:
LEIGH BROWN

State Medicaid Contact Telephone Number:
(405)530-3419

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
July 01,1995

Expiration Date:
June 30,2000

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(34);1902(a)(10)(A);
1902(a)(30)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	75,942
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		75,942

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children

Other Populations Excluded:
Recipients of Home and Community Based Waivers, Recipients Who Travel More than 45 Miles or 45 Minutes, Recipients Whose Eligibility Period Is Retroactive, and Members of the ABD Population

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Durable Medical Equipment

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
1 Year Lock-In Provision

Plans:
Bluelincs
Foundation Health
Prime Advantage
Communitycare
Heartland

Explanation of Unique Circumstances of the Program:
Eligibility expansion to 185% of poverty for children under 15 and pregnant women will start December 1997. Future enlargement of catchment areas is planned as well as the inclusion of the ABD population.

Oregon

OREGON HEALTH PLAN

State Medicaid Contact Name:
JOEL YOUNG

State Medicaid Contact Telephone Number:
(503) 945-6494

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
February 01,1994

Expiration Date:
January 31,1999

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(17);1902(a)(10)(A); 1902(a)(34); 1902(a)(23); 1902(a)(30); 1902(a)(10); 1902(a)(13)(E); 1902(a)(43)(A)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	72,666
SSI/SSI-Related	Mandatory	=	37,730
Other (Enrollees Under State Expansion, PLMS, Foster Children)	Mandatory	=	201,854
Total Number of Enrollees:			312,250

Population Categories Excluded:
Other Insurance

Other Populations Excluded:
QMB, MN Spend Down

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
DME & Supplies, Vision, Hospice Care, ENCC, Hearing Aids, Transportation/Ambulance

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants, DO's

-- Additional Information --

This program provides:
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Benton County Health
Care Oregon
Cascade Dental Services
Ceres Behavioral Healthcare
Coos County Mental Health
Family Care
Good Health Plan
Hayden Family Denistry
Jefferson Dental
Kaiser
Managed Dental Care of Oregon
Multicare Dental
ODS Dental Plan
Quality Health Alliance
Roseburg Dental
Southcoast Dental
Willamette Dental
Capitol Dental Care Inc.
Cascade Comprehensive Care
Central Oregon Independent Health Serv.
Clackamas County Mental Health
Evergreen Medical Systems Inc.
Frontier Dental
Greater Columbia Behavioral
Inter-Community Health Network
Josephine County Mental Health
Kaiser Dental
Mid-Rogue Independent Practice Assoc.
Northwest Dental Services
Providence Health Systems
Regence HMO
Select Care
Surecare

Explanation of Unique Circumstances of the Program:
None

Rhode Island

RITE CARE

State Medicaid Contact Name:
RON EK

State Medicaid Contact Telephone Number:
(401)464-3054

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
1115(a)

Original Implementation Date:
August 01,1994

Expiration Date:
July 31,1999

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1092(a)(17)(b),1902(a)(10)(A)(ii)(I)(II),1902(a)(10),1902(a)(14),1902(a)(13)(E),1092(a)(34)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	66,973
SSI/SSI-Related	Not Eligible	=	0
Other (Pregnant Women & Children up to 18<250%FPL)	Mandatory	=	3,976
Total Number of Enrollees:			70,949

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Aged, Blind, Disabled

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Transportation, Podiatry, Optometry, Durable Medical Equipment, Hospice, Speech, Physical Therapy, Occupational Therapy, Nutrition, Group Education Programs

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Coordinated Health Partners

Explanation of Unique Circumstances of the Program:
Effective May 1, 1997, eligibility was expanded to include children in families with income up to 250% federal poverty level to age 18.

Tennessee

TENNCARE

State Medicaid Contact Name:
THERESA CLARKE

State Medicaid Contact Telephone Number:
(615)741-0213

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
1115(a)

Original Implementation Date:
January 01,1994

Expiration Date:
December 31,1998

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10)(A)(ii)(I),(II); 1902(a)(34); 1902(a),(30); 1902(a),(10),(a)(13)(C); 1902(a)(13)(A); 1902(a)(54)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	611,422
SSI/SSI-Related	Mandatory	=	230,052
Other (Medically Needy, Uninsureds and Uninsurables)	Mandatory	=	316,744
Total Number of Enrollees:			1,158,218

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles) Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All Title XIX Medicaid Services are covered except Long Term Care and Medicare Crossovers

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
Health Net
Memphis Managed Care Corp. (TLC) Family Care HealthPlan
Phoenix Health Care
Premier Behavioral Systems of TN
Tennessee Behavioral Health, Inc.
Volunteer State Health Plan (Bluecare)
VUMC Care (VHP Community Care)
John Deere Health Care/Heritage National Health Plan
Omnicare Health Plan
Preferred Health Partnership/PHP
Prudential Health Care
TN Managed Care Network (Access Medplus)
Volunteer State Health Plan Eastern (Blue Care)

Explanation of Unique Circumstances of the Program:
None

Vermont

VERMONT HEALTH ACCESS

State Medicaid Contact Name:
ANN E. RUGG

State Medicaid Contact Telephone Number:
(802)241-2766

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
1115(a)

Original Implementation Date:
January 01,1996

Expiration Date:
December 31,2000

Operating Authority:
1115(a)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10), 1902(a)(13)(C), 1902 (a)(34), 1902(a)(30)(A), 1902(a)(13)(A), 1902(a)(14)

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	15,835
SSI/SSI-Related	Not Eligible	=	125
Other (Extended Eligible to Age 21-65)	Mandatory	=	6,694
Total Number of Enrollees:			22,654

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Individuals who Spendown, children who participate in Vermont High Tech Home Care Program

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Ambulatory, Certified Nurse Midwife, Diabetic Supplies, Medical Equipment, Emergency Room, Eye Exams, GYN Services, Hospice, Maxillofacial Surgery, Medical Supplies, Nurse Practitioner, Nutritional Therapy, Optometrist, Ophthalmologist, Organ Transplant, Orthotics, Over-counter Drugs, Physical Therapy, Speech Therapy, Physician Services, Podiatry, Prosthetics, Psychiatrist, Psychologist, Psychiatrist Hospital

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
6-Month Lock-In Provision

Plans:
Blue Cross Blue Shield of VT - Blue First
Community Health Plan - Access Plus

Explanation of Unique Circumstances of the Program:
*SSI/SSI-Related population is not currently eligible to enroll directly into this program unless they were totally enrolled as extended eligibles. In that case, they are allowed to retain their membership if they choose to.

Voluntary Waivers

California

PREPAID HEALTH PROGRAM

State Medicaid Contact Name:
ANN-LOUISE KUHNS

State Medicaid Contact Telephone Number:
(916)654-8076

Geographic Areas Covered:
Other

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
January 01,1970

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	137,536
SSI/SSI-Related	Voluntary	=	36,359
Other (All categories of Medi-Cal without share of cost.)	Voluntary	=	101,177
Total Number of Enrollees:			528,289

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Populations residing outside plans service area defined by zip codes.

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Chiropractic, Psychology, Optometry, and Acupuncture

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
No Lock-In Provision

Plans:
Blue Cross of California
Community Health Group
Great American Health Plan
Maxicare
Pacificare of California
Tower Health Dental Services-PHP
Watts Health Foundation/United Health
Care America
Foundation Health Plan
Kaiser Foundation No. & So.
Molina Medical Centers
Sharp Health Plan
Universal Care Health Plan

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Operate under State law. No waiver required.

Florida

MANAGED HEALTH CARE

State Medicaid Contact Name:
KATE MORGAN

State Medicaid Contact Telephone Number:
(904)922-6830

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Primary Care Case Management
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Utilized:
Not Applicable

Original Implementation Date:
October 01,1981

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	319,475
SSI/SSI-Related	Voluntary	=	69,832
Other	Not Eligible	=	0
	Total Number of Enrollees:		389,307

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Medically Needy

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Downward Substitution, Inpatient Substance Abuse

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners

Other PCP Provider Types:
OB/GYN-GYN if requested and on case by case basis/inidividual review

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Avmed Health Plan
Frontier Health Services
Healthcare USA, Inc.
Jackson Memorial Health Plan
Neighborhood Health Partnership, Inc.
PCA Family Health Plan, Inc.
Personal Health Plan
Preferred Medical Plans, Inc.
Reliable Health Plan, Inc.
Staywell Health Plan
Ultramedix Health Care System, Inc.
Wellcare, HMO, Inc.
Community Choice Health Plan
Health Maintenance Organization - HMO
Healthease
Medchoice Health Plan
Pacificare of Florida, Inc.
Personal Health Plan
Physicians Healthcare Plans, Inc.
Reliable Health Plan, Inc.
St. Augustine Health Care, Inc.
Sunshine Health Plan
United Healthcare Plans of Fl., Inc.

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Non-Plan and Plan services are coordinated by plan, plan performs referrals.

Georgia

VOLUNTARY HMO PROGRAM

State Medicaid Contact Name:
LOUISE BRYDE

State Medicaid Contact Telephone Number:
(404)657-7793

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
February 01,1996

Expiration Date:
June 30,1998

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	23,515
SSI/SSI-Related	Voluntary	=	2,214
Other	Not Eligible	=	0
	Total Number of Enrollees:		25,729

Population Categories Excluded:
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
SOBRA Eligible Pregnant Women

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Pharmacy Services

Other Services:
Podiatry, ARNP, Nurse Midwife, RHC, Community Health Center, Birthing Center, Ambulatory/Surgical Center, Dialysis, Durable Medical Equipment, Emergency Ambulance, O&P, Vision, Hospice

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
As determined by HMO

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
American Medical Plans of Georgia, Inc.

Familyplus Health Plans of Georgia, Inc.

Explanation of Unique Circumstances of the Program:
HMO choice education and enrollment is done by an independent contractor. HMO can directly market, but cannot enroll.

Illinois

VOLUNTARY MANAGED CARE

State Medicaid Contact Name:
A. GEORGE HOVANEC

State Medicaid Contact Telephone Number:
(217)782-2570

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
July 01,1975

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	187,048
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		187,048

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
AABD, Refugees, All General Assistance, All Transitional Assistance

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Private Duty Nursing, Clinic Services, Medical Appliances, Physical Therapies and Related Services, Transportation, Emergency Medical Services, Blood and Blood Components, Podiatric for Enrollees <21 If EPSDT Necessary

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Accord Health Plan
American Health Care Providers, Inc.
Chicago HMO
Compass Health Care Plan
Family First Health Care
Harmony Health Plan
Illinois Masonic Community Health Plan
Neighborly Care Plan
UIHMO
Americaid Community Care
Central Illinois Comm. Care Network LLC
Community Health Choice
County Care Total Health Plan
Family Health Network
Humana Health Plan
Maxicare Health Plans
One Care, Inc.
Unity HMO

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is a voluntary and therefore continuous.

Also, nursing facility services are provided up to 90 days annually and substance abuse services are proviced for mental health services and rehabilitative services relating to abuse of or addiction to alcohol and drugs not to exceed aggregate of 20 O/P visits per year and 30 I/P days.

This program includes contract health benefit representatives in the Cook County local offices to to provide education, help eligible enrollees make a health care choice, and to help enroll clients into managed care if they so choose. Three of the 10 HMO's in the program operate under a waiver of the 75/25 enrollment compositon requirement.

Maryland

VOLUNTARY HMO CONTRACTS

State Medicaid Contact Name:
KATHERINE TVARONAS

State Medicaid Contact Telephone Number:
(410)225-1482

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan
Health Insuring Organization (HIO)

Statutes Utilized:
Not Applicable

Original Implementation Date:
Not Applicable

Expiration Date:
October 31,1997

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	0 *
SSI/SSI-Related	Voluntary	=	0 *
Other (Most Medicaid Eligible Persons)	Voluntary	=	0 *
	Total Number of Enrollees:		113,266

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Pregnant Women Temporarily Eligible, Children in Kids Count Program

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most Maryland Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Chesapeake Health Plan
Optimum Choice Health Plan
Primehealth Corporation
Total Health Care
Free State Health Plan
Optimum Choice Health Plan
Prudential Health Care Plan

Explanation of Unique Circumstances of the Program:
*The State was unable to provide enrollment data by individual categories of eligibility at this time.

The State was unable to provide an original implementation date.

Maryland has contracted with HMOs to provide Medicaid services since 1975.

This program will be subsumed by the 1115 waiver program.

Michigan

HEALTH MAINTENANCE ORGANIZATIONS

State Medicaid Contact Name:
MARK COHEN

State Medicaid Contact Telephone Number:
(517)335-5116

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
January 01,1974

Expiration Date:
June 30,1997

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Mandatory	=	0 *
SSI/SSI-Related	Mandatory	=	0 *
Other	Not Eligible	=	0
	Total Number of Enrollees:		402,690

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Spend Down, QMB, Title V Eligible

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
6-Month Lock-In Provision

Plans:
Blue Care Network Great Lakes
Care Choices HMO
Comprehensive Health Services
Great Lakes Health Plan
Healthplus of Michigan
Omnicare Health Plan
Physicians Health Plan South
Physicians Health Plan West
Total Health Care
Blue Care Network of East Michigan
Community Choice
Family Health Plan
Health Alliance Plan
M-Care
Physicians Health Plan MID
Physicians Health Plan Southwest
Selectcare HMO
Ultimed HMO of Michigan

Explanation of Unique Circumstances of the Program:
*Number of TANF/TANF-Related and SSI/SSI-Related enrollees unknown as State does not tabulate these breakouts.

Eligible populations required to enroll in one of three MI managed care programs (PSP, Clinic, HMO).

This program will be incorporated under a mandatory managed care program.

Mississippi

CAPITATED HMO

State Medicaid Contact Name:
MELZANA FULLER

State Medicaid Contact Telephone Number:
(601)359-6050

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
December 01,1996

Expiration Date:
June 30,1998

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	3,632
SSI/SSI-Related	Voluntary	=	1,813
Other (All Medicaid Eligibles Except Those in Long-term Care Facilities;those with Presumptive Eligibility; Those Enrolled in HCBS; and Those Enrolled with Healthmacs Unless They Opt to Disenroll from Healthmacs)	Voluntary	=	4,033
Total Number of Enrollees:			9,478

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All services covered by Mississippi Medicaid State Plan

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Osteopaths

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
American Medical Plans of MS, Inc
Family Health Care Plus

American Medical Plans of MS, Inc
Mississippi Managed Care Network

Explanation of Unique Circumstances of the Program:
This is a voluntary program and the model HMO contract has been approved by HCFA.

Montana

HMO

State Medicaid Contact Name:
SHARON DONOVAN

State Medicaid Contact Telephone Number:
(406)444-4148

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
November 01,1995

Expiration Date:
June 30,1997

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	1,771
SSI/SSI-Related	Not Eligible	=	0
Other	Not Eligible	=	0
	Total Number of Enrollees:		1,771

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Medically needy, ICF/MR, Hardship

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services

Other Services:
Speech, Physical, Occupational Therapy, Ambulance, FQHC, RHC, Mid-level Practitioner, School-based Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Determined by HMO

-- Additional Information --

This program provides:
Enrollment Broker
Phased-In Implementation
No Lock-In Provision

Plans:
Blue Cross Blue Shield

Yellowstone Community Health Plan

Explanation of Unique Circumstances of the Program:
None

Nevada

VOLUNTARY HEALTH MAINTENANCE PROGRAM

State Medicaid Contact Name:
STEVEN D. BREMER

State Medicaid Contact Telephone Number:
(702)687-6664

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
April 01,1997

Expiration Date:
December 31,1998

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	1,583
SSI/SSI-Related	Not Eligible	=	0
Other (Child Health Assurance Program)	Voluntary	=	1,108
	Total Number of Enrollees:		2,691

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Severely emotionally disturbed children, seriously mentally ill adults, child welfare, aged, blind, disabled

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Emergency Transportation, Vision, Durable Medical Equipment, Therapy

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Hometown Health Plan

Explanation of Unique Circumstances of the Program:
Medicaid recipients can choose from one of five managed care plans or fee-for-service Medicaid. Of five managed care plans, two are primary care case management providers and three are Health Maintenance Organizations.

Nevada

VOLUNTARY PHP/PCCM PROGRAM

State Medicaid Contact Name:
STEVEN D. BREMER

State Medicaid Contact Telephone Number:
(702)687-6664

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan
Primary Care Case Management

Statutes Utilized:
Not Applicable

Original Implementation Date:
November 01,1983

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	14,535
SSI/SSI-Related	Voluntary	=	660
Other (Child Health Assurance Program)	Voluntary	=	8,490
Total Number of Enrollees:			23,685

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Blind, Disabled, Child Welfare

Services Included:
Laboratory Services
X-Ray Services
Family Planning Services
Physician Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Comm. Health Ctrs. of S. NV
Nevadacare - Las Vegas
Nevadacare - Reno

Explanation of Unique Circumstances of the Program:
Medicaid recipients can choose from one of five managed care plans or fee-for-service Medicaid. Of five managed care plans, two are primary care case management providers and three are Health Maintenance Organizations.

New Hampshire

MANAGED CARE PROGRAM

State Medicaid Contact Name:
DIANE KEMP

State Medicaid Contact Telephone Number:
(603)271-4365

Geographic Areas Covered:
Statewide

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
July 01,1996

Expiration Date:
June 30,1997

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	9,036
SSI/SSI-Related	Not Eligible	=	0
Other (Foster Care)	Voluntary	=	66
	Total Number of Enrollees:		9,102

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Healthsource New Hampshire Inc.

Explanation of Unique Circumstances of the Program:
None

New York

NYS PARTIAL CAPITATION PROGRAM

State Medicaid Contact Name:
FAITH BAKER

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Primary Care Case Management

Statutes Utilized:
Not Applicable

Original Implementation Date:
April 01,1996

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	10,752
SSI/SSI-Related	Voluntary	=	6,667
Other (Home Relief, Medically Needy, Foster Care Children)	Voluntary	=	2,674
Total Number of Enrollees:			20,093

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Outpatient Hospital Services
EPSDT Services
Immunization Services
Physician Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
Family Health Service
HIP Physician and Ancillary
Southern Tier Pediatrics
Health Choice
Physician Case Management Program
Twin Tier Physicians Mgmt

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

This program will be subsumed by the 1115 waiver program.

New York

OFFICE OF MENTAL HEALTH/PARTIAL CAPITATION PROGRAM

State Medicaid Contact Name:
KURT PATTON

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
Not Applicable

Original Implementation Date:
May 01,1987

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	21
SSI/SSI-Related	Voluntary	=	8,693
Other (Medically Needy)	Voluntary	=	23
	Total Number of Enrollees:		8,737

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Not Applicable

Services Included:
Mental Health Services

Other Services:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
OMH/Partial Capitation

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

The patients are referred by their PCPs or hospitals for mental health services.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

This is a fee-for-service program.

This program will be subsumed by the 1115 waiver program.

New York

THE NEW YORK STATE VOLUNTARY MANAGED CARE PROGRAM

State Medicaid Contact Name:
JOHN KAELIN

State Medicaid Contact Telephone Number:
(518)473-5737

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
April 01,1987

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	469,009
SSI/SSI-Related	Voluntary	=	19,117
Other (Home Relief, Medically Needy)	Voluntary	=	50,151
Total Number of Enrollees:			538,277

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
ABC Health Plan
Better Health Plan
Blue Choice HMO Options
Buffalo Community Health
Careplus Health Plan
Choice Care
Community Blue
Community Health Plan
Compre-Care
Empire Blue Cross/Blue Shield Healthnet
Health First
HIP Bi-Link
Independent Health/Hudson Valley & WNY
Managed Healthcare Systems
Metlife
MVP Health Plan
NY Hospital Community PHSP
Oxford Health Plan
Preferred Care
St. Barnabas Community Health Plan
Syracuse PHSP
US Healthcare
Westchester PHSP
Aetna Health Plans of New York
Blue Care Plus
Bronx Health Plan
Capital District Physicians Health Plan
Catholic Services Health Plan/Fidelis
Cigna Health Plan
Community Choice Health Plan
Community Premier Plus
Elderplan
Genesis Health Plan
Health Services Medical Corporation
HIP Comprehensive
LMC/Health Care Plus
Manhattan PHSP (Centercare)
Metroplus Health Plan
Neighborhood Health Providers
NYL Care (Sanus)
Patient's Choice/Healthsource
Prudential
Suffolk Health Plan
Travelers Health Network
Wellcare

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

This program will be subsumed by the 1115 waiver program.

Ohio

ACCESSING BETTER CARE

State Medicaid Contact Name:
JENNIFER LOPEZ

State Medicaid Contact Telephone Number:
(614)466-4693

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
August 01,1995

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	587
Other	Not Eligible	=	0
	Total Number of Enrollees:		587

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Spend Down, MI/MR, Age 65 or Older

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All Other Ohio Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners

Other PCP Provider Types:
Specialists

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Dayton Area Health Plan

HMO Health Ohio

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Partnerships between HMOs and Academic Medical Centers, working to establish innovative clinical care systems and coordination of care for the disabled.

Pennsylvania

VOLUNTARY HMO CONTRACTS

State Medicaid Contact Name:
PATRICIA JACOBS

State Medicaid Contact Telephone Number:
(717)772-6300

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
January 01,1972

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	125,289
SSI/SSI-Related	Voluntary	=	25,712
Other (Most Medicaid Eligible Persons)	Voluntary	=	32,874
Total Number of Enrollees:			183,875

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Populations Excluded:
Monthly Spend Downs, State Blind Pension

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Most Pennsylvania Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
Federally Qualified Health Centers
Rural Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Amerihealth HMO, Inc.
Health Partners of Philadelphia - Voluntary
Healthamerica of PA/Healthmate
Three Rivers Health Plan
Best Healthcare of Western PA
Healthamerica of PA, Inc.
Keystone Health Plan West
U.S. Healthcare

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Puerto Rico

PUERTO RICO HEALTH INSURANCE ADMINISTRATION/HEALTH CARE REFORM PROGRAM

State Medicaid Contact Name:
LEOPOLDO MERCADO-SANTINI

State Medicaid Contact Telephone Number:
(787)7259427

Geographic Areas Covered:
Region(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
February 01,1994

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	470,931
SSI/SSI-Related	Voluntary	=	127,635
Other (Medically/Categorically Needy)	Voluntary	=	103,684
Total Number of Enrollees:			702,250

Population Categories Excluded:
Enrolled in Another Managed Care Program

Other Populations Excluded:
Not Applicable

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
No Lock-In Provision

Plans:
LA Crus Azul De Puerto Rico
Triple-S, Inc.
PCA Health Plans of Puerto Rico, Inc.
United Healthcare Plans of Puerto Rico, Inc.

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

The Puerto Rico Health Insurance Administration (PRHIA) is a public corporation of the government of Puerto Rico established under Act number 72 of September 7, 1993. PRHIA main duty is to obtain health insurance coverage for the medically indigent. Puerto Rico does not utilize the TANF/TANF related and SSI/SSI related category because recipients are determined to be eligible under only one category.

There is no lock-provision under Puerto Rico's Health Care Reform program. Enrollees have the authority to change providers at any time.

South Carolina

HEALTH MAINTENANCE ORGANIZATION (HMO)

State Medicaid Contact Name:
SHEILA L. RIVERS

State Medicaid Contact Telephone Number:
(803)253-7600

Geographic Areas Covered:
County(s)
City(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
August 01,1996

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	880
SSI/SSI-Related	Voluntary	=	180
Other (OCWI Women)	Voluntary	=	353
	Total Number of Enrollees:		1,413

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Age 65 or older, Family Planning Waiver Recipients

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
American Medical Plans of South Carolina, Inc..

Select Health of South Carolina, Inc.

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

South Carolina

PHYSICIANS ENHANCED PROGRAM (PEP)

State Medicaid Contact Name:
ALICIA JACOBS

State Medicaid Contact Telephone Number:
(803)736-4783

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Other Managed Care Arrangement

Statutes Utilized:
Not Applicable

Original Implementation Date:
May 01,1996

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	1,801
SSI/SSI-Related	Voluntary	=	399
Other	Not Eligible	=	0
	Total Number of Enrollees:		2,200

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Populations Excluded:
Poverty Level Pregnant Women

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services

Other Services:
Not Applicable

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Phased-In Implementation
Other Period for Lock-In Provision

Plans:
Physician's Enhanced Program (PEP)

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

The State has begun on a voluntary basis a Primary Care Case Management program called the Physician Enhanced Program (PEP). The unique feature of this plan is the provision by the Primary Care Physician of a core set of primary care and preventive services to enrolled individuals for a capitated fee. All other services must be authorized by the primary care physician.

In early 1997, the DHHS plans to offer the PEP as an option to physicians willing to provide the basic service package described earlier. Physicians will also have the option to participate with HMOs contracted with DHHS. Physicians may continue to have the option to participate int he traditional fee-for-service Medicaid program. Recipients have the choice on a monthly basis to participate in the PEP, a HMO available in the region or the fee-for-service program.

Virginia

OPTIONS

State Medicaid Contact Name:
LAURIE BETH WILLARD

State Medicaid Contact Telephone Number:
(804)786-3594

Geographic Areas Covered:
County(s)
City(s)
Region(s)

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)
Health Maintenance Organization (HMO)/State Plan Defined (SPD)

Statutes Utilized:
Not Applicable

Original Implementation Date:
January 01,1995

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	25,503
SSI/SSI-Related	Voluntary	=	3,212
Other	Not Eligible	=	0
	Total Number of Enrollees:		28,715

Population Categories Excluded:
Medicare, Except Medicaid-Only Services (Dual-Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Eligible as Foster Care Children

Other Populations Excluded:
Enrolled With Hospice

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Pharmacy Services

Other Services:
Most Virginia Medicaid Services

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Enrollment Broker
Other Period for Lock-In Provision

Plans:
Chartered Health Plan
Healthkeepers Plus - Priority
Optimum Choice, Inc.
Healthkeepers Plus - Peninsula
Healthkeepers Plus,Inc.
Southern Health Services

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

CHILDREN COME FIRST (CCF)

State Medicaid Contact Name:
ANGIE DOMBROWICKI

State Medicaid Contact Telephone Number:
(608)266-1935

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
Not Applicable

Original Implementation Date:
April 01,1994

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	109
SSI/SSI-Related	Voluntary	=	10
Other (Any Recipient <18, Diagnosis of Severe Emotional Disturbance, Risk of Out of Home Placement)	Voluntary	=	0 *
Total Number of Enrollees:			119

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Age 18 or Older, Resident of Psychiatric Hospital

Services Included:
Mental Health Services
Substance Abuse Services

Other Services:
All Needed MA Covered MH/AODA Services
Including Inpatient Psychiatric Hospital

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Dane County Human Services

Explanation of Unique Circumstances of the Program:
*All enrollees are accounted for under TANF/TANF-Related and SSI/SSI-Related.

There is no expiration date listed for this program since it is voluntary and therefore continuous.

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider.

Goal to keep recipients with severe emotional disturbances out of institutions; multi-agency approach; key components are clinical case management, crisis services, intensive DT, school based MH.

Wisconsin

INDEPENDENT CARE (I-CARE)

State Medicaid Contact Name:
ANGIE DOMBROWICKI

Original Implementation Date:
July 01,1994

State Medicaid Contact Telephone Number:
(608)266-1935

Expiration Date:
Not Applicable

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Managed Care Arrangement:
Health Maintenance Organization (HMO)/Federally Qualified (FQ)

Statutes Waived:
Not Applicable

Statutes Utilized:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	2,714
Other	Not Eligible	=	0
	Total Number of Enrollees:		2,714

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Aged, Blind

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
EPSDT Services
Immunization Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All other WI Medicaid Services, Non-medicaid Social, Recreation, Wellness

PCP Provider Types:
Pediatricians
Family Practitioners
Internists
General Practitioners
OB/GYNs and GYNs
Federally Qualified Health Centers
Rural Health Centers
Nurse Practitioners
Nurse Midwives

Other PCP Provider Types:
Physician Assistants

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Humana/Wisconsin Health Organization (Voluntary)

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Goal to integrate medical and social services; care coordinator in addition to PCP; evaluation by outside firm using interviews, claims data encounter forms.

Wisconsin

WI PARTNERSHIP PROGRAM

State Medicaid Contact Name:
ANGIE DOMBROWICKI

State Medicaid Contact Telephone Number:
(608)266-1935

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
Not Applicable

Original Implementation Date:
October 01,1995

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Not Eligible	=	0
SSI/SSI-Related	Voluntary	=	36
Other (Frail Elderly, Physically Disabled)	Voluntary	=	159
	Total Number of Enrollees:		195

Population Categories Excluded:
Enrolled in Another Managed Care Program
Eligible as Foster Care Children
Participate in HCBS Waiver

Other Populations Excluded:
Anyone not 60+ with nursing home level of care, not 18-64, disabled or severe illness

Services Included:
Inpatient Hospital Services
Outpatient Hospital Services
Laboratory Services
X-Ray Services
Skilled Nursing Facility Services
Family Planning Services
Physician Services
Home Health Services
Dental Services
Mental Health Services
Substance Abuse Services
Pharmacy Services

Other Services:
All other WI Medicaid Services, Social Services

PCP Provider Types:
Nurse Practitioners

Other PCP Provider Types:
Care Management Is Team Based, Nurse Practitioners Link Services.

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Access to Independence - Partnership
Center for Independent Living - Partnership
Community Care for the Elderly - Partnership
Elder Care of Dane County - Partnership

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Same goals as PACE; nurse practitioners play a key role in linking services; recipients can bring own provider as PCP; external committee evaluation data/techniques.

Wisconsin

WRAPAROUND MILWAUKEE (WAM)

State Medicaid Contact Name:
ANGIE DOMBROWICKI

State Medicaid Contact Telephone Number:
(608)266-1935

Geographic Areas Covered:
County(s)

Managed Care Arrangement:
Prepaid Health Plan

Statutes Utilized:
Not Applicable

Original Implementation Date:
March 01,1997

Expiration Date:
Not Applicable

Operating Authority:
Voluntary

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Population Categories Included:	Enrollment:		Number of Enrollees:
TANF/TANF-Related	Voluntary	=	217
SSI/SSI-Related	Voluntary	=	8
Other (Any recipient <18, Diagnosis of Severe Emotional Disturbance, Risk of Out of Home Placement)	Voluntary	=	0 *
Total Number of Enrollees:			225

* See Additional Information for explanation of unique characteristics of Program.

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Populations Excluded:
Age 18 or Older, Resident of Psychiatric Hospital

Services Included:
Mental Health Services
Substance Abuse Services

Other Services:
All needed MA covered MH/AODA Services including inpatient psychiatric hospital

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

-- Additional Information --

This program provides:
Other Period for Lock-In Provision

Plans:
Milwaukee County Human Services

Explanation of Unique Circumstances of the Program:
*All enrollees are accounted for under TANF/TANF-Related and SSI/SSI-Related.

There is no expiration date listed for this program since it is voluntary and therefore continuous.

Due to the nature of the waiver which is for a limited semgnet of services, the program does not designate a primary care provider.

Goal to keep recipients with severe emotional disturbances out of institutions; multiagency approach; key components are clinical case management, crisis services, intensive DT, school based MH.

Glossary of CommonTerms

FFS	Fee-for-Service
TANF	Temporary Aid to Needy Families
SSI	Supplemental Security Income
FQHC	Federally Qualified Health Centers
RHC	Rural Health Clinics
PCP	Primary Care Provider

PCCM — Primary Care Case Management System -- A Freedom of Choice waiver program, under the authority of section 1915(b) of the Social Security Act (the Act) States contract directly with primary care providers who agree to be responsible for the provision and /or coordination of medical services to Medicaid beneficiaries under their care. Currently, most PCCM programs pay the primary care provider a monthly case management fee in addition to receiving fee-for-service payment for services.

HMO — Health Maintenance Organization -- an entity that contracts on a prepaid, capitated risk basis to provide comprehensive health services to beneficiaries.

PHP — Prepaid Health Plan -- an entity that contracts on a prepaid, capitated risk basis to provide non-comprehensive health services to beneficiaries.

1915(b)(1) — Primary Care Case Management (PCCM) or Speciality Physician Services Arrangements provision. Under this provision, the State may restrict the provider from or through whom a recipient can obtain medical services.

1915(b)(2) — Locality as Central Broker provision. Under this provision, a locality may act as a central broker (agent, facilitator, negotiator) in assisting eligible individuals in choosing among Primary Care Providers in order to provide recipients with more information about the range of health care options open to them.

1915(b)(3) — Sharing of Cost Savings provision. The State may share cost savings resulting from the use of more cost effective medical care with recipients by providing them with additional services.

1915(b)(4) — Restriction of Recipients to Specified Providers provision. Under this provision, the State may require recipients to obtain services only from specified providers who undertake to provide such services and meet reimbursement, quality, and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services.

1115(a) Research and Demonstration Clause--State utilizes specific authority within Section 1115(a) of the Social Security Act to allow the State to provide services through the vehicle of a Research and Demonstration Health Care Reform waiver program.

1902(a)(1) Statewideness. This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. Waiving 1902(a)(1) indicates that this waiver program is not available throughout the State.

1902(a)(10)(B) Comparability of Services. This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance.

1902(a)(23) Freedom of Choice. This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted.

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